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ABSTRACT

This report presents a bill (H.R. 3508) to amend the Public Health Service Act, along with analysis, a report on hearings on the bill, cost estimates and the text of the legislation itself. text of the legislation itself. A section on its purpose explains that it revises and extends Titles VII and VIII which authorize programs relating to the education of individuals as health professionals. This reauthorization and reassessment places a priority on training in primary care delivery, particularly in underserved areas. The bill also drops programs that have not been funded in over two years and improves certain loan programs already in place. A discussion of the need for the legislation follows along with a summary of hearings listing witnesses that appeared, and Committee consideration. Next is a cost estimate from the Congressional Budget Office with detailed discussion of that estimate. There follows an inflationary impact statement and a section-by-section analysis of the bill. The complete text of Titles VII and VIII make up the final section of the report with changes, new text and omissions indicated throughout. (JB)

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102D CONGRESS
1st Session
HOUSE OF REPRESENTATIVES
REPORT
102-275

ED343499

HEALTH PROFESSIONS EDUCATION AMENDMENTS OF 1991

OCTOBER 25, 1991.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. DINGELL, from the Committee on Energy and Commerce, submitted the following

REPORT

[To accompany H.R. 3508]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred to bill (H.R. 3508) to amend the Public Health Service Act to revise and extend certain programs relating to the education of individuals as health professionals, and for other purposes, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

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The amendment is as follows:

Strike out all after the enacting clause and insert in lieu thereof the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Health Professions Education Amendments of 1991".

59-006

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SEC. 2. PROGRAMS REGARDING EXPANSION OF ACCESS TO PRIMARY HEALTH SERVICES.

Part A of title VII of the Public Health Service Act (42 U.S.C. 292a et seq.) is amended by adding at the end the following new section:

"PRIORITIES IN PROVISION OF GRANTS AND CONTRACTS

"SEC. 711. (a) PRIORITIES REGARDING PRIMARY HEALTH SERVICES.—

"(1) IN GENERAL.—In the case of any entity that is an applicant for financial assistance under any provision of this title (other than any provision specified in paragraph (2)), the Secretary shall in providing the assistance give priority to the applicant if, subject to subsections (b) and (c)—

"(A) a substantial percentage of the providers who have completed the programs of the applicant for training in the health or allied health professions are providing primary health services to a substantial number of medically underserved individuals; or

"(B) the applicant has established policies in such programs that may reasonably be expected to result in the circumstance that a substantial percentage of the participants in the programs will upon completion of the programs provide such services to a substantial number of such individuals.

"(2) EXEMPTED PROGRAMS.—The provisions specified in this paragraph are sections 708, 788(c), and 794.

"(b) ADDITIONAL REQUIREMENT FOR MEDICAL SCHOOLS.—In the case of any school of medicine or osteopathic medicine that is an applicant described in subsection (a), the Secretary shall in providing the assistance give priority under such subsection to the applicant only if, in addition to the requirement established in such subsection—

"(1) the applicant has a department, division, or other academic administrative unit to provide clinical instruction in family medicine; and

"(2) the applicant requires, as a condition of receiving a degree from the school, that each student of the school have had significant clinical training in family medicine by the end of the third year of the curriculum.

"(c) ADDITIONAL REQUIREMENT FOR RESIDENCY PROGRAMS.—In the case of any entity that has a residency program and that is an applicant described in subsection (a), the Secretary shall in providing the assistance give priority under such subsection to the applicant only if, in addition to the requirement established in such subsection, a substantial percentage of the individuals completing the residency program have had, through participation in the program—

"(1) significant experience in providing primary health services to medically underserved individuals; or

"(2) significant experience in providing such services in ambulatory health facilities.

"(d) RULE OF CONSTRUCTION.—In the case of the provision by the Secretary of financial assistance described in subsection (a)—

"(1) the requirements established in this section regarding receipt of the assistance are in addition to the requirements of the program authorizing the provision of the assistance; and

"(2) this section may not be construed as authorizing the Secretary to provide such assistance to any entity that would not have been eligible for the assistance had this section not been enacted.

"(e) DEFINITIONS.—For purposes of this section:

"(1) The term 'financial assistance' means a grant, cooperative agreement, or contract.

"(2) The term 'medically underserved individuals' means individuals who are members of a medically underserved population, as defined in section 330(b).

"(3) The term 'primary health services' has the meaning given such term in section 331(a).

"(4) The term 'providers' means individuals who are practitioners in the health or allied health professions.".

SEC. 3. FEDERAL PROGRAM OF INSURED LOANS TO GRADUATE STUDENTS IN HEALTH PROFESSIONS SCHOOLS.

(a) SCOPE AND DURATION OF FEDERAL LOAN INSURANCE PROGRAM.—Section 728(a) of the Public Health Service Act (42 U.S.C. 294a(a)) is amended—

(1) in the first sentence—

(A) by striking "and" after "1990;"; and

(B) by inserting before the period the following: "; $365,000,000 for fiscal year 1992; $425,000,000 for fiscal year 1993; and $475,000,000 for fiscal year 1994"; and

(2) in the third sentence, by striking "1994," and inserting "1997,".

(b) ELIGIBILITY OF STUDENT BORROWERS AND TERMS OF FEDERALLY INSURED LOANS.—Section 731(a)(2)(B) of the Public Health Service Act (42 U.S.C. 294d(a)(2)(B)) is amended in the matter preceding clause (i) by striking "nor later than 12 months" and inserting "nor later than 21 months".

(c) CERTIFICATE OF FEDERAL LOAN INSURANCE.—Section 732(c)(1) of the Public Health Service Act (42 U.S.C. 294e(c)(1)) is amended—

(1) in the first sentence by striking "not to exceed 8 percent" and inserting "not to exceed 13 percent"; and

(2) by inserting after the first sentence the following new sentence: "In charging premiums pursuant to such regulations, the Secretary may charge a different percentage for each of the health professions specified in section 737(1), subject to the limitation established in the preceding sentence.".

(d) DEFAULT RATES REGARDING ELIGIBLE INSTITUTIONS, ELIGIBLE LENDERS, AND HOLDERS.—

(1) IN GENERAL.—Section 733(i) of the Public Health Service Act (42 U.S.C. 294f(i)) is amended to read as follows:

"(i)(1) In the case of any Federal insurance under this subpart for loans entering repayment status after April 7, 1987, the Secretary may impose on eligible institutions, eligible lenders, and holders reasonable limits on default rates for borrowers on the loans.

"(2)(A) If any limit under paragraph (1) for an eligible institution is exceeded, the Secretary may suspend, terminate, or otherwise restrict the authority established in this subpart for students of the institution to obtain insured loans.

"(B) If any limit under paragraph (1) for an eligible lender is exceeded, the Secretary may suspend, terminate, or otherwise restrict the authority established in this subpart for students to obtain insurance for loans made by the lender.

"(C) If any limit under paragraph (1) for a holder is exceeded, the Secretary may suspend, terminate, or otherwise restrict the authority established in this subpart for the holder to purchase loans that are insured under this subpart.

"(3)(A) In the case of eligible institutions, the limitation imposed under paragraph (1) shall be applied individually to the health professions specified in section 737(1). If the limit is exceeded by a health professsions school of an eligible institution, the Secretary may take action under paragraph (2) against the institution only with respect to loans for attending such school.

"(B) Subparagraph (A) may not be construed to authorize the Secretary to establish different limits under paragraph (1) for each of the health professions specified in section 737(1). Only a single limitation may be in effect under such paragraph, and the limitation shall be uniformly applied.

"(4) As used in paragraph (1), the term 'default rate', in the case of an eligible entity, means the percentage constituted by the ratio of—

"(A) the principal amount of loans insured under this subpart—

"(i) that are made with respect to the entity and enter repayment status after April 7, 1987; and

"(ii) for which amounts have been paid under subsection (a) to insurance beneficiaries, exclusive of any loans for which amounts have been so paid as a result of th_ death or total and permanent disability of the borrowers on the loans, and exclusive of any loans for which amounts have been so paid and have been recovered or are being recovered by the Secretary pursuant to subsection (b) or may not be recovered by reason of the obligation under the loan being discharged in bankruptcy under title 11 of the United States Code; to

"(B) the total principal amount of loans insured under this subpart that are made with respect to the entity and enter repayment status after April 7, 1987.

"(5) For purposes of this subsection, a loan insured under this subpart shall be considered to have entered repayment status if the applicable period described in subparagraph (B) of section 731(a)(2) regarding the loan has expired (without regard to whether any period described in subparagraph (C) is applicable regarding the loan).

"(6)(A) As used in this subsection, the term 'eligible entity' means an eligible institution, an eligible lender, or a holder, as the case may be.

"(B) For purposes of paragraph (4), a loan is made with respect to an eligible entity if—

"(i) in the case of an eligible institution, the loan was made to students of the institution;

"(ii) in the case of an eligible lender, the loan was made by the lender; and

"(iii) in the case of a holder, the loan was purchased by the holder.

"(7) As used in this subsection, the term 'holder' means an entity that has purchased a loan insured under this subpart.".

(2) CONFORMING AMENDMENT.—Section 737 of the Public Health Service Act (42 U.S.C. 294f) is amended by adding at the end the following new paragraph:

"(5) The term 'default rate', with respect to loans under this subpart, has the meaning given such term in section 733(i).".

(e) ESTABLISHMENT OF OFFICE OF STUDENT LOAN DEBT COLLECTION.—Subpart I of part C of title VII of the Public Health Service Act (42 U.S.C. 294 et seq.) is amended by inserting after section 733 the following new section:

"OFFICE OF STUDENT LOAN DEBT COLLECTION

"SEC. 733A. (a) IN GENERAL.—There is established within the Division of Student Assistance of the Health Resources and Services Administration an office to be known as the Office on Student Loan Debt Collections (hereafter in this section referred to as the 'Office'), which shall be headed by a director appointed by the Secretary. The Secretary shall carry out this section acting through the Director of the Office.

"(b) PURPOSES.—The Director of the Office shall—

"(1) coordinate efforts within the Department of Health and Human Services and the Department of Justice to recover, pursuant to section 733(b), payments from health professionals who have defaulted on loans that are insured under this subpart;

"(2) in cooperation with the Secretary of Education, develop a uniform deferral form or a process that will ensure coordination in deferment certification requirements for in-school, residency, and internship deferments;

"(3) provide advice to eligible lenders, eligible institutions, and holders on the availability under section 731(a)(2)(C) of deferrals of the obligation to make payments on loans that are insured under this subpart, and of the provisions of this subpart that relate to collection of the principal and interest due on the loans;

"(4) assist students in avoiding default by making information on loan deferments, forbearance, and correction of default readily available; and

"(5) directly or through the provision of grants or contracts to public or nonprofit entities, carry out projects designed to reduce the extent of defaults on loans insured under this subpart.

"(c) ANNUAL REPORT.—The Director of the Office shall annually submit to the Congress a report specifying—

"(1) the total amounts recovered pursuant to section 733(b) during the preceding fiscal year; and

"(2) a plan for improving the extent of such recoveries during the current fiscal year.".

SEC. 4. STUDENT LOAN AGREEMENTS REGARDING DISADVANTAGED INDIVIDUALS.

Section 742(b)(5) of the Public Health Service Act (42 U.S.C. 294o(b)(5)) is amended by adding at the end the following new sentence: "Funds described in the preceding sentence shall not be available for any purpose other than allotment under this subpart.".

SEC. 5. SCHOLARSHIPS FOR FIRST-YEAR STUDENTS OF EXCEPTIONAL NEED.

Section 758(d) of the Public Health Service Act (42 U.S.C. 294z(d)) is amended—

(1) by striking "and" after "1990,"; and

(2) by inserting before the period the following: ", $9,760,000 for fiscal year 1992, $11,000,000 for fiscal year 1993, and $13,000,000 for fiscal year 1994".

SEC. 6. SCHOLARSHIPS AND OTHER PURPOSES REGARDING DISADVANTAGED STUDENTS.

Section 760 of the Public Health Service Act (42 U.S.C. 294bb) is amended—

(1) in subsection (c)(1), by striking "or" after the semicolon at the end and inserting "and"; and

(2) in subsection (g)(1), by striking "and such sums" and all that follows and inserting the following: "$17,000,000 for fiscal year 1992, and $17,000,000 for fiscal year 1993.".

SEC. 7. LOAN REPAYMENT PROGRAM REGARDING SERVICE BY DISADVANTAGED STUDENTS ON FACULTIES OF CERTAIN HEALTH PROFESSIONS SCHOOLS.

(a) INELIGIBILITY OF CURRENT FACULTY.—Section 761(e)(1) of the Public Health Service Act (42 U.S.C. 294cc(e)(1)) is amended by inserting before the semicolon the following: ", and the individual has not been a member of the faculty of any school at any time during the 18-month period preceding the date on which the Secretary receives the request of the individual for a contract under subsection (a)".

(b) AMOUNT OF ANNUAL PAYMENTS.—Section 761(d) of the Public Health Service Act (42 U.S.C. 294cc(d)) is amended—

(1) by striking "Payments made by the Secretary under subsection (a)" and inserting "Payments made under this section"; and

(2) by striking "50 percent" and all that follows and inserting the following: "20 percent of the outstanding principal and interest on the loans.".

SEC. 8. ESTABLISHMENT OF DEPARTMENTS OF FAMILY MEDICINE.

Section 780(d) of the Public Health Service Act (42 U.S.C. 295g(d)) is amended to read as follows:

"(d)(1) For the purpose of carrying out this section, there is authorized to be appropriated $6,830,000 for fiscal year 1992.

"(2) Effective October 1, 1992, this section is repealed.".

SEC. 9. AREA HEALTH EDUCATION CENTERS.

(a) ESTABLISHMENT OF ADDITIONAL AUTHORITY FOR PROVISION OF CONTRACTS.—

(1) IN GENERAL.—Section 781(a) of the Public Health Service Act (42 U.S.C. 295g-1(a)) is amended by adding at the end the following new paragraph:

"(3)(A) In the case of any school of medicine or osteopathic medicine that is operating an area health education center program and that is not receiving assistance under paragraph (1), the Secretary may enter into a contract with the school for the costs of operating the program if—

"(i) the school makes the agreements described in subparagraphs (B) and (C); and

"(ii) the program meets the requirements of each of subsections (b) through (d).

"(B)(i) For purposes of subpararagraph (A), the agreement described in this subparagraph for a school is that, with respect to the costs of operating the area health education center program of the school, the school will make available (directly or through donations from public or private entities) non-Federal contributions in cash toward such costs in an amount that is not less than $1 for each $1 of Federal funds provided through the contract under subparagraph (A).

"(ii) Amounts provided by the Federal Government may not be included in determining the amount of non-Federal contributions in cash made for purposes of the requirement established in clause (i).

"(C) For purposes of subpararagraph (A), the agreement described in this subparagraph for a school is that, in operating the area health education program of the school, the school will—

"(i) coordinate the activities of the program with the activities of any office of rural health established by the State or States in which the program is operating;

"(ii) carry out any responsibilities in the area served by the program that the Secretary (after consultation with appropriate State or local officials) determines are appropriate for the program with respect to—

"(I) activities of the National Health Service Corps; and

"(II) activities of public and nonprofit private providers of health care, including any entities funded under section 329 or 330 and including local health departments; and

"(iii) will cooperate with any entities that are in operation in the area served by the program and that receive Federal or State funds to carry out activities regarding the recruitment and retention of health care providers.

"(D) In providing contracts under subparagraph (A), the Secretary may authorize the school involved to expend the amounts provided in the contract for demonstration projects that the Secretary has determined are appropriate for the area health education center program operated by the school. Projects that may be authorized for purposes of the preceding sentence include—

"(i) the establishment of computer-based information programs or telecommunication networks that will link health science centers and service delivery sites;

"(ii) the provision of disease specific educational programs for health providers and students in areas of concern to the United States;

"(iii) the development of information dissemination models to make available new information and technologies emerging from biological research centers to the practicing medical community;

"(iv) the institution of new minority recruitment and retention programs, targeted to improved service delivery in areas the program determines to be medically underserved;

"(v) the establishment of State health service corps programs to place physicians from health manpower shortage areas into similar areas to encourage retention of physicians and to provide flexibility to States in filling positions in health professional shortage areas; and

"(vi) the establishment or improvement of education and training programs for State emergency medical systems.

"(E) The aggregate amount of contracts provided under subparagraph (A) to schools in a State for a fiscal year may not exceed the lesser of—

"(i) $2,000,000; and

"(ii) an amount equal to the product of $250,000 and the aggregate number of centers operated in the State by the schools.".

(2) AUTHORIZATION OF APPROPRIATIONS FOR ADDITIONAL AUTHORITY.—Section 781(h) of the Public Health Service Act (42 U.S.C. 295g-1(h)) is amended by adding at the end the following new paragraph

"(3) For the purpose of carrying out subsection (a)(3), there are authorized to be appropriated $800,000 for fiscal year 1992, $2,800,000 for fiscal year 1993, and $5,500,000 for fiscal year 1994.".

(b) GENERAL REQUIREMENTS FOR ADDITIONAL AUTHORITY AND FOR PRIOR AUTHORITIES OTHER THAN HEALTH EDUCATION AND TRAINING CENTERS.—Section 781(b) of the Public Health Service Act (42 U.S.C. 295g-1(b)) is amended—

(1) by inserting "(1)" after the subsection designation; and

(2) by adding at the end the following new paragraph:

"(2) A school may not receive a contract under any of paragraphs (1) through (3) of subsection (a) unless the area health education program for which the contract is to be provided—

"(A) maintains preceptorship educational experiences for health science students;

"(B) affiliates with community-based primary care residency programs;

"(C) coordinates with continuing education programs for health professionals;

"(D) maintains learning resource and dissemination systems for information identification and retrieval;

"(E) has agreements with community-based organizations for the delivery of services supported under this authority;

"(F) is involved in the training of nurses, allied and other health professionals and, where consistent with State laws, nurse practitioners and physicians assistants; and

"(G) carries out recruitment programs for health science professions among minority and other elementary or secondary students from areas the program has determined to be medically underserved.".

(c) FUNDING FOR PRIOR AUTHORITIES OTHER THAN HEALTH EDUCATION AND TRAINING CENTERS.—

(1) AUTHORIZATION OF APPROPRIATIONS.—Section 781(h)(1) of the Public Health Service Act (42 U.S.C. 295g-1(h)(1)) is amended in the first sentence—

(A) by striking "and" after "1989,"; and

(B) by inserting before the period the following: ", $19,200,000 for fiscal year 1992, $19,200,000 for fiscal year 1993, and $18,500,000 for fiscal year 1994".

(2) DURATION OF CONTRACT FOR DEVELOPMENT OF CENTERS.—Section 781(a)(1) of the Public Health Service Act (42 U.S.C. 295g-1(h)(1)) is amended—

(A) by inserting "(A) after the paragraph designation; and

(B) by adding at the end the following new subparagraph:

"(B) In the case of an area health education center developed with a contract under paragraph (1), the period during which the center receives payments under the contract may not exceed 6 years. The provision of the payments shall be subject to annual approval by the Secretary of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments. The preceding sentence may not be construed to establish a limitation on the number of contracts under such paragraph that may be made for the center.".

(d) AUTHORIZATION OF APPROPRIATIONS FOR HEALTH EDUCATION AND TRAINING CENTERS.—Section 781(h)(2) of the Public Health Service Act (42 U.S.C. 295g-1(h)(2)) is amended—

(1) by striking "and" after "1990,"; and

(2) by inserting before the period the following: ", $4,000,000 for fiscal year 1992, $5,000,000 for fiscal year 1993, and $6,000,000 for fiscal year 1994".

SEC. 10. PROGRAMS OF EXCELLENCE IN HEALTH PROFESSIONS EDUCATION FOR MINORITIES.

Section 782 of the Public Health Service Act (42 U.S.C. 295g-2) is amended—

(1) in subsection (g)(1)(A), by inserting "a school of osteopathic medicine," after "a school of medicine,"; and

(2) in subsection (h)(1), by striking "for each" and all that follows and inserting the following: "for fiscal year 1991, $15,000,000 for fiscal year 1992, and $16,000,000 for fiscal year 1993.".

SEC. 11. TRAINING, TRAINEESHIPS, AND FELLOWSHIPS IN GENERAL INTERNAL MEDICINE, GENERAL PEDIATRICS, AND EMERGENCY MEDICINE.

(a) IN GENERAL.—Section 784(a) of the Public Health Service Act (42 U.S.C. 295g-4(a)) is amended by striking paragraphs (1) and (2) and inserting the following:

"(1) to plan, develop, and operate, or participate in, an approved professional training program (including an approved residency or internship program) in the field of internal medicine or pediatrics for medical (M.D. and D.O.) students, interns (including interns in internships in osteopathic medicine), residents, or practicing physicians, which training program emphasizes training for the practice of general internal medicine or general pediatrics (as defined by the Secretary in regulations);

"(2) to provide financial assistance (in the form of traineeships and fellowships) to medical (M.D. and D.O.) students, interns (including interns in internships in osteopathic medicine), residents, practicing physicians, or other medical personnel, who are in need thereof, who are participants in any such program training program, and who plan to specialize in or work in the practice of general internal medicine or general pediatrics;".

(b) EMERGENCY MEDICINE.—Section 784(a) of the Public Health Service Act (42 U.S.C. 295g-4(a)) is amended—

(1) in paragraph (3), by striking "and" after the semicolon at the end;

(2) in paragraph (4), by striking the period at the end and inserting "; and"; and

(3) by adding at the end the following new paragraph:

"(5) to plan and develop approved residency training programs in emergency medicine.".

(c) AUTHORIZATION OF APPROPRIATIONS.—Section 784(c) of the Public Health Service Act (42 U.S.C. 295g-4(c)) is amended—

(1) by inserting "(1)" after the subsection designation;

(2) in paragraph (1) (as so designated)—

(A) by striking "this section," and inserting "this section (other than subsection (a)(5))";

(B) by striking "and" after "1990,"; and

(C) by inserting before the period the following: ", $17,260,000 for fiscal year 1992, $18,500,000 for fiscal year 1993, and $20,000,000 for fiscal year 1994"; and

(3) by adding at the end the following new paragraph:

"(2) For the purpose of carrying out subsection (a)(5), there are authorized to be appropriated $300,000 for each of the fiscal years 1992 through 1994.".

SEC. 12. RESIDENCY PROGRAMS IN GENERAL PRACTICE OF DENTISTRY.

Section 785(b) of the Public Health Service Act (42 U.S.C. 295g-5(b)) is amended—

(1) by striking "and" after "1990,"; and

(2) by inserting before the period the following: ", $3,830,000 for fiscal year 1992, $4,500,000 for fiscal year 1993, and $6,000,000 for fiscal year 1994".

SEC. 13. FAMILY MEDICINE.

Section 786(c) of the Public Health Service Act (42 U.S.C. 295g-6(c)) is amended—

(1) by striking "and" after "1990,"; and

(2) by inserting before the period the following: ", $36,100,000 for fiscal year 1992, $45,000,000 for fiscal year 1993, and $47,000,000 for fiscal year 1994".

SEC. 14. EDUCATIONAL ASSISTANCE TO INDIVIDUALS FROM DISADVANTAGED BACKGROUNDS.

(a) EQUITABLE DISTRIBUTION OF GRANTS AND ALLOCATION OF SERVICES AND ACTIVITIES.—Section 787(b) of the Public Health Service Act (42 U.S.C. 295g-7(b)) is amended by adding at the end the following new paragraph:

"(5) The Secretary shall ensure that grants and contracts under paragraph (1) of subsection (a) are equitably distributed geographically, and in the case of individuals who are individuals from disadvantaged backgrounds, that services and activities under paragraph (2) of such subsection are equitably allocated among the various racial and ethnic populations.".

(b) AUTHORIZATION OF APPROPRIATIONS.—Section 787(c) of the Public Health Service Act (42 U.S.C. 295g-7(c)) is amended in the first sentence—

(1) by striking "and" after "1990,"; and

(2) by inserting before the period the following: ", $30,820,000 for fiscal year 1992, and $31,500,000 for fiscal year 1993".

SEC. 15. SPECIAL PROJECTS UNDER SECTION 788.

(a) TRAINING IN PREVENTIVE MEDICINE.—Part G of title VII of the Public Health Service Act (42 U.S.C. 295h et seq.) is amended—

(1) by striking subsections (a) through (c) of section 793;

(2) by transferring subsection (c) of section 788 to section 793 and—

(A) by redesignating the subsection as subsection (a);

(B) by striking "TRAINING IN PREVENTIVE MEDICINE" in the heading of the subsection and inserting "IN GENERAL"; and

(C) by striking "IN GENERAL" in the heading of paragraph (1) of the subsection and inserting "GRANTS AND CONTRACTS"; and

(3) by adding at the end of section 793 (as so amended) the following new subsection:

"(b) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $1,650,000 for fiscal year 1992, $2,000,000 for fiscal year 1993, and $2,000,000 for fiscal year 1994.".

(b) AUTHORIZED PROJECTS.—

(1) IN GENERAL.—Section 788 of the Public Health Service Act, as amended by subsection (a) of this section, is amended—

(A) by striking subsections (a), (b), and (f); and

(B) by redesignating subsections (d) and (e) as subsections (a) and (b), respectively.

(2) HEALTH PROFESSIONS RESEARCH.—Section 788 of the Public Health Service Act, as amended by paragraph (1) of this subsection, is amended by adding at the end the following new subsection:

"(c) HEALTH PROFESSIONS RESEARCH.—The Secretary may make grants to and enter into contracts with public and nonprofit private entities for the conduct of research on one or more of the following topics:

"(1) The impact of student indebtedness on speciality choice and practice location.

"(2) The impact of minority health professional programs in majority schools on recruitment, retention, and practice choices of minority health personnel.

"(3) The effects of graduate medical education payments on the distribution of physician specialities.

"(4) The effectiveness and variation of State licensing authorities in identifying problem providers and undertaking disciplinary actions.".

(3) FUNDING.—Section 788 of the Public Health Service Act, as amended by paragraph (2) of this subsection, is amended by adding at the end the following new subsection:

"(d) AUTHORIZATION OF APPROPRIATIONS.—

"(1) PHYSICIAN ASSISTANTS.—For the purpose of carrying out subsection (a), there are authorized to be appropriated $7,000,000 for fiscal year 1992, $7,000,000 for fiscal year 1993, and $9,000,000 for fiscal year 1994.

"(2) PODIATRIC PHYSICIANS.—For the purpose of carrying out subsection (b), there are authorized to be appropriated $600,000 for fiscal year 1992, $750,000 for fiscal year 1993, and $750,000 for fiscal year 1994.

"(3) HEALTH PROFESSIONS RESEARCH.—For the purpose of carrying out subsection (c), there is authorized to be appropriated $1,020,000 for fiscal year 1992, $1,200,000 for fiscal year 1993, and $1,200,000 for fiscal year 1994.".

SEC. 16. AUTHORIZATION OF APPROPRIATIONS FOR TRAINING WITH RESPECT TO ACQUIRED IMMUNE DEFICIENCY SYNDROME.

(a) MARRIAGE AND FAMILY THERAPISTS.—Section 788A(a) of the Public Health Service Act (42 U.S.C. 295g-8b(a)(1) is amended by inserting "marriage and family therapy," after "psychology,".

(b) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—Section 788A(e) of the Public Health Service Act (42 U.S.C. 295g-8b(e)) is amended by striking "There are" and all that follows and inserting the following: "For the purpose of carrying out this section other than subsection (f), there are authorized to be appropriated $17,020,000 for fiscal year 1992, $19,000,000 for fiscal year 1993, and $21,000,000 for fiscal year 1994.".

(2) DENTAL SCHOOLS.—Section 788A(f)(5) of the Public Health Service Act (42 U.S.C. 295g-8b(f)(5)) is amended by striking "For the purpose" and all that follows and inserting the following: "For the purpose of carrying out this subsection, there are authorized to be appropriated $7,000,000 for fiscal year 1992, $8,000,000 for fiscal year 1993, and $10,000,000 for fiscal year 1994.".

SEC. 17. ESTABLISHMENT OF PROVISIONS REGARDING MEDICAL SOCIAL WORK.

(a) EDUCATIONAL ASSISTANCE TO INDIVIDUALS FROM DISADVANTAGED BACKGROUNDS.—Section 787 of the Public Health Service Act (42 U.S.C. 295g–7) is amended—

(1) in subsection (a)—

(A) in paragraph (1), by striking "public and nonprofit private schools which offer graduate programs in clinical psychology," and inserting "graduate programs in clinical psychology or medical social work,"; and

(B) in paragraph (2)(A), by inserting "(including medical social work)" before the comma at the end; and

(2) in subsection (b)(1), by striking "public and nonprofit schools that offer graduate programs in clinical psychology" and inserting "graduate programs in clinical psychology or medical social work".

(b) TRAINING WITH RESPECT TO ACQUIRED IMMUNE DEFICIENCY SYNDROME.—Section 788A(a)(1) of the Public Health Service Act as amended by section 16(a) of this Act, is amended by striking "and allied health" and inserting "allied health, and medical social work".

(c) HEALTH PROFESSIONS DATA.—Section 708(a) of the Public Health Service Act (42 U.S.C. 292h) is amended in the second sentence by inserting "medical social workers," after "clinical psychologists,".

(d) DEFINITIONS.—Section 701 of the Public Health Service Act (42 U.S.C. 292h) is amended—

(1) in paragraph (4), by adding at the end the following new sentences: "The term 'graduate program in medical social work' means an accredited graduate program in a public or nonprofit private institution in a State which provides training leading to a graduate degree in social work and which in providing such training emphasizes the provision of social services related to health care or mental health care. The term 'medical social work' means the provision of such social services, and the term 'medical social worker' means an individual who provides such social services."; and

(2) in paragraph (5), by striking "in clinical psychology," and inserting "in clinical psychology or medical social work,'.

SEC. 18. GERIATRIC EDUCATION CENTERS AND GERIATRIC TRAINING.

(a) GERIATRIC TRAINING.—

(1) OPTOMETRY.—

(A) Section 789(b)(1) of the Public Health Service Act (42 U.S.C. 295g–9(b)(1)) is amended by striking "to train physicians and dentists" and all that follows and inserting the following: "to train physicians, dentists, and optometrists who plan to teach geriatric medicine, geriatric dentistry, or geriatric optometry, respectively.".

(B) Section 789(b)(1) of the Public Health Service Act, as amended by subparagraph (A) of this paragraph, is amended—

(i) by striking "(1) IN GENERAL.—The Secretary" and inserting the following:

"(1) IN GENERAL.—

"(A) The Secretary"; and

(ii) by adding at the end the following new subparagraph:

"(B) The Secretary may for a grantee suspend the requirements of subparagraph (A) that geriatric training projects train optometrists and be staffed by teaching optometrists if the Secretary determines that the grantee has made a good faith effort to comply with such requirement.".

(2) GERIATRIC PSYCHIATRY AND OPTOMETRY.—Section 789(b)(2) of the Public Health Service Act (42 U.S.C. 295g–9(b)(2)) is amended—

(A) in subparagraph (A), by inserting "or geriatric psychiatry" before the semicolon; and

(B)(i) by redesignating subparagraphs (C) through (E) as subparagraphs (D) through (F), respectively; and

(ii) by inserting after subparagraph (B) the following new subparagraph:

"(C) be staffed, or enter into an agreement with an institution staffed by full-time or part-time teaching optometrists who have experience or training in geriatric optometry;".

(3) TRAINING OPTIONS.—Section 789(b)(3)(B) of the Public Health Service Act (42 U.S.C. 295g–9(b)(3)(B)) is amended—

(A) in the matter preceding clause (i), by striking "1-year or"; and

(B) by amending clause (ii) to read as follows:

"(ii) dentists who have demonstrated a commitment to an academic career, and who have completed postdoctoral dental training programs, or who have relevant training or experience".

(b) AUTHORIZATION OF APPROPRIATIONS.—Section 789(c) of the Public Health Service Act (42 U.S.C. 295g-9(c)) is amended to read as follows:

"(c) AUTHORIZATION OF APPROPRIATIONS.—For grants and contracts under subsections (a) and (b), there are authorized to be appropriated $13,710,000 for fiscal year 1992, $14,000,000 for fiscal year 1993, and $15,000,000 for fiscal year 1994".

SEC. 19. GENERAL PROVISIONS.

Section 790 of the Public Health Service Act (42 U.S.C. 295g-10) is amended—

(1) by moving each of paragraphs (1) through (3) 2 ems to the right; and

(2) in paragraph (5)(A), in the first sentence, by striking "evaluation" the second place such term appears and inserting "application".

SEC. 20. SPECIAL PROJECTS UNDER SECTION 790A.

(a) YEAR 2000 HEALTH OBJECTIVES.—Section 790A(a) of the Public Health Service Act (42 U.S.C. 295g-11(a)) is amended to read as follows:

"(a) IN GENERAL.—The Secretary may make grants to and enter into contracts with schools of public health for the costs of planning, developing, demonstrating, operating, and evaluating projects—

"(1) to establish comprehensive programs of education at the school that are appropriate with respect to meeting the objectives established by the Secretary for the health status of the population of the United States for the year 2000, which programs may include the provision of significant clinical training in identifying victims of domestic violence and in providing treatment for medical conditions arising from such violence;

"(2) to recruit individuals for education in health specialities in which an increased number of practitioners is necessary to meet such objectives; and

"(3) to improve access to community-based health programs, including programs providing preventive health services.".

(b) CONFORMING AMENDMENT.—Section 790A(a) of the Public Health Service Act (42 U.S.C. 295g-11) is amended in the heading for the section by inserting before the period the following: "REGARDING YEAR 2000 HEALTH OBJECTIVES".

(c) AUTHORIZATION OF APPROPRIATIONS.—Section 790A(d) of the Public Health Service Act (42 U.S.C. 295g-11) is amended—

(1) by striking "and" after "1990,"; and

(2) by inserting before the period the following: ", $3,760,000 for fiscal year 1992, $4,000,000 for fiscal year 1993, and $4,000,000 for fiscal year 1994".

(d) TRANSFER OF SECTION.—Title VII of the Public Health Service Act (42 U.S.C. 292a et seq.), as amended by subsections (a) through (c) of this section, is amended—

(1) by transferring section 790A from the current placement of the section;

(2) by redesignating the section as section 792A; and

(3) by inserting the section after section 792.

SEC. 21. GRADUATE PROGRAMS IN HEALTH ADMINISTRATION.

Section 791(d) of the Public Health Service Act (42 U.S.C. 295h(d)) is amended to read as follows:

"(d)(1) For the purpose of making grants under this section, there is authorized to be appropriated $1,550,000 for fiscal year 1992.

"(2) Effective October 1, 1992, this section is repealed.".

SEC. 22. TRAINEESHIPS FOR STUDENTS IN OTHER GRADUATE PROGRAMS.

(a) PRIORITY REGARDING SERVICE WITH PUBLIC AND NONPROFIT PRIVATE ENTITIES.—Section 791A(b) of the Public Health Service Act (42 U.S.C. 295h-1a(b)) is amended by adding at the end the following new paragraph:

"(4) In providing for the award of traineeships under this section, the Secretary—

"(A) shall give priority to making grants under subsection (a) for programs described in such subsection that emphasize employment with public or nonprofit private entities in the fields with respect to which the traineeships are to be awarded; and

"(B) may make such grants only to entities that provide assurances satifactory to the Secretary that the entities will give priority to awarding the traineeships to students who demonstrate a commitment to employment in such fields with public or nonprofit private entities.".

(b) AUTHORIZATION OF APPROPRIATIONS.—Section 791A(c) of the Public Health Service Act (42 U.S.C. 295h-1a(c)) is amended—

(1) by striking "and" after "two fiscal years;" the second place such term appears; and

(2) by inserting before the period the following: "; $480,000 for fiscal year 1992; $2,000,000 for fiscal year 1993; and $2,500,000 for fiscal year 1994".

SEC. 23. PUBLIC HEALTH TRAINEESHIPS.

(a) ALLOCATION OF FUNDS REGARDING CERTAIN COURSES OF STUDY.—Section 792(b)(3)(B) of the Public Health Service Act (42 U.S.C. 295h-1b(b)(3)(B)) is amended to read as follows:

"(B) are pursuing a course of study in a field the entry of individuals into which is appropriate with respect to meeting the objectives established by the Secretary for the health status of the population of the United States for the year 2000.".

(b) AUTHORIZATION OF APPROPRIATIONS.—Section 792(c) of the Public Health Service Act (42 U.S.C. 295h-1b(c)) is amended—

(1) by striking "and" after "1990;"; and

(2) by inserting before the period the following: "; $3,420,000 for fiscal year 1992; $5,000,000 for fiscal year 1993; and $6,000,000 for fiscal year 1994".

SEC. 24. PROJECT GRANTS AND CONTRACTS REGARDING ALLIED HEALTH PERSONNEL.

(a) SPECIAL CONSIDERATIONS IN PROVIDING ASSISTANCE.—Section 796(b) of the Public Health Service Act (42 U.S.C. 295h-5(b)) is amended by adding at the end the following new paragraph:

"(3) In providing grants and contracts under subsection (a), the Secretary shall give special consideration to unique needs regarding the supply of physical therapists, occupational therapists, and clinical laboratory personnel.".

(b) AUTHORIZATION OF APPROPRIATIONS.—Section 796(d) of the Public Health Service Act (42 U.S.C. 295h-5(d)) is amended by inserting before the period the following: ", $2,000,000 for fiscal year 1992, $2,500,000 for fiscal year 1993, and $3,000,000 for fiscal year 1994".

SEC. 25. TRAINEESHIPS FOR ADVANCED TRAINING OF ALLIED HEALTH PERSONNEL.

(a) IN GENERAL.—Section 797(a) of the Public Health Service Act (42 U.S.C. 295h-6(a)) is amended—

(1) in paragraph (1), by striking "doctoral programs" and inserting "postgraduate programs"; and

(2) in paragraph (2)—

(A) by striking "doctoral students" and inserting "postgraduate students"; and

(B) by striking "post doctoral students" and inserting "postgraduate students".

(b) SPECIAL CONSIDERATIONS IN PROVIDING ASSISTANCE.—Section 797 of the Public Health Service Act (42 U.S.C. 295h-6) is amended—

(1) by redesignating subsections (c) and (d) as subsections (d) and (e), respectively; and

(2) by inserting after subsection (b) the following new subsection:

"(c) SPECIAL CONSIDERATIONS IN PROVIDING ASSISTANCE.—In providing grants and contracts under subsection (a), the Secretary shall give special consideration to unique needs regarding the supply of physical therapists, occupational therapists, and clinical laboratory personnel.".

(c) AUTHORIZATION OF APPROPRIATIONS.—Section 797(d) of the Public Health Service Act, as redesignated by subsection (b)(1) of this section, is amended by inserting before the period the following: ", $8,000,000 for fiscal year 1992, $8,000,000 for fiscal year 1993, and $8,000,000 for fiscal year 1994".

SEC. 26. HEALTH CARE FOR RURAL AREAS.

(a) MARRIAGE AND FAMILY THERAPISTS.—Section 799A(c) of the Public Health Service Act (42 U.S.C. 295j(c)) is amended by inserting "marriage and family therapy," after "psychology,".

(b) STUDY.—Section 799A(e) of the Public Health Service Act (42 U.S.C. 295j(e)) is amended—

(1) by striking paragraph (4); and

(2) by striking "(e) STUDY.—" and all that follows through "The Secretary shall evaluate" in paragraph (3) and inserting the following:

"(e) HEALTH CARE TRAINING AND SERVICE DELIVERY MODELS.—The Secretary shall evaluate".

(c) AUTHORIZATION OF APPROPRIATIONS.—Section 799A(h) of the Public Health Service Act (42 U.S.C. 295j(h)) is amended to read as follows:

"(h) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $4,390,000 for fiscal year 1992, $4,500,000 for fiscal year 1993, and $5,000,000 for fiscal year 1994.".

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(d) TECHNICAL AMENDMENT.—Section 799A(e) of the Public Health Service Act, as amended by subsection (b) of this section, is amended by striking "the Public Health Service Act (42 U.S.C. 254d et seq.)" and inserting "title III".

SEC. 27. MISCELLANEOUS.

Title VII of the Public Health Service Act (42 U.S.C. 292a et seq.) is amended—

(1) by striking each of sections 751, 759, 780, 787A, 798, and 799(k);

(2) in part C of title VII—

(A) by striking the subpart designation and the heading for each of subparts III and IV; and

(B) by redesignating subparts V and VI as subparts III and IV, respectively; and

(3) in section 791A, by amending the heading for the section to read as follows:

"TRAINEESHIPS IN CERTAIN GRADUATE PROGRAMS".

SEC. 28. NURSE EDUCATION.

(a) SPECIAL PROJECTS IN GENERAL.—

(1) STRIKING OF CERTAIN AUTHORITIES.—Section 820 of the Public Health Service Act (42 U.S.C. 296k) is amended—

(A) in subsection (a)—

(i) by striking paragraphs (1), (2), and (6);

(ii) by redesignating paragraphs (3) through (5) as paragraphs (1) through (3), respectively; and

(iii) in paragraph (2) (as so redesignated), by striking subparagraph (B) and inserting the following:

"(B) for nursing assistants and other paraprofessional nursing personnel to become licensed vocational or practical nurses for nursing facilities (as defined in section 1905 of the Social Security Act);";

(B) in subsection (a) (as amended by subparagraph (A) of this paragraph), by inserting after paragraph (3) the following new paragraph:

"(4) to provide to nurses significant clinical training in identifying victims of domestic violence and in providing treatment for medical conditions arising from such violence.";

(B) by striking subsections (b) and (c); and

(C) by redesignating subsections (d) through (g) as subsections (b) through (e), respectively.

(2) SAVINGS PROVISION FOR CURRENT PROJECTS.—In the case of any authority for providing grants or contracts that is terminated by any of the amendments made by paragraph (1), the Secretary of Health and Human Services may, notwithstanding the termination of the authority, continue in effect any grant or contract made under the authority that is in effect on the day before the date of the enactment of this Act, subject to the duration of any such grant or contract not exceeding the period determined by the Secretary in first approving such financial assistance, or in approving the most recent request made (before the date of such enactment) for continuation of such assistance, as the case may be.

(3) AUTHORIZATION OF APPROPRIATIONS.—Section 820(e) of the Public Health Service Act, as redesignated by paragraph (1)(C) of this subsection, is amended—

(A) by striking "(1)" after the subsection designation;

(B) by striking paragraph (2);

(C) by striking "and" after "1990,"; and

(D) by inserting before the period the following: ", $8,000,000 for fiscal year 1992, $9,000,000 for fiscal year 1993, and $10,000,000 for fiscal year 1994".

(b) ADVANCED NURSE EDUCATION.—

(1) IN GENERAL.—Section 821(a) of the Public Health Service Act (42 U.S.C. 296l(a)) is amended—

(A)(i) in paragraph (1), by inserting "or" after the comma at the end;

(ii) in paragraph (2), by striking "or" after the comma at the end; and

(iii) by striking paragraph (3); and

(B) in the first sentence (as amended by subparagraph (A) of this paragraph), in the matter after and below paragraph (2), by striking "programs" and all that follows through "specialities" and inserting the following: "programs that lead to masters' or doctoral degrees that prepare nurses to serve in clinical nurse specialites".

(2) AUTHORIZATION OF APPROPRIATIONS.—Section 821(b) of the Public Health Service Act (42 U.S.C. 296l(b)) is amended—

(A) by inserting "(1)" after the subsection designation;

(B) in paragraph (1) (as so designated)—

(i) by striking "and" after "1990,"; and

(ii) by inserting before the period the following: ", $8,000,000 for fiscal year 1992, $9,000,000 for fiscal year 1993, and $10,000,000 for fiscal year 1994"; and

(C) by adding at the end the following new paragraph:

"(2) Of the amounts appropriated under paragraph (1), the Secretary may not obligate more than 10 percent for providing grants or contracts under subsection (a) for programs leading to doctoral degrees.".

(c) NURSE PRACTITIONER AND NURSE MIDWIFE PROGRAMS.—

(1) IN GENERAL.—Section 822 of the Public Health Service Act (42 U.S.C. 296m) is amended—

(A) in subsection (a)(1), in the matter after and below subparagraph (C), by striking "section 332)" and all that follows and inserting "section 332).";

(B) by striking subsection (b);

(C) by redesignating subsections (c) and (d) as subsections (b) and (c), respectively;

(D) in subsection (b) (as so redesignated), by striking "subsection (a) or (b)" and inserting "subsection (a)"; and

(E) in subsection (c) (as so redesignated), by striking "subsections (a) and (b)" and inserting "subsection (a)".

(2) AUTHORIZATION OF APPROPRIATIONS.—Section 822(c) of the Public Health Service Act, as redesignated by paragraph (1)(C) of this subsection, is amended—

(A) by striking "and" after "1990,"; and

(B) by inserting before the period the following: ", $17,000,000 for fiscal year 1992, $19,000,000 for fiscal year 1993, and $21,000,000 for fiscal year 1994".

(d) SPECIAL PROJECTS REGARDING DISADVANTAGED INDIVIDUALS.—Section 827(c) of the Public Health Service Act (42 U.S.C. 296r(c)) is amended

(1) by striking "and" after "1990,"; and

(2) by inserting before the period the following: ", $4,000,000 for fiscal year 1992, $5,000,000 for fiscal year 1993, and $6,000,000 for fiscal year 1994".

(e) TRAINEESHIPS FOR ADVANCED EDUCATION OF PROFESSIONAL NURSES.—

(1) IN GENERAL.—Section 830 of the Public Health Service Act (42 U.S.C. 297) is amended—

(A) by striking subsection (b);

(B) by redesignating subsections (c) and (d) as subsections (b) and (c), respectively;

(C) in subsection (a)(1)(A)—

(i) in clause (i), by adding "or" after the comma at the end;

(ii) by striking clause (ii); and

(iii) by redesignating clause (iii) as clause (ii); and

(D) in subsection (a)(2), by striking the period and adding at the end the following: "and which provide significant clinical experience in any of the following: An Indian Health Service health center; a Native Hawaiian health center; a public hospital; a migrant health center; a community health center or other nonprofit community clinic; a nursing facility; a rural health clinic or rural nurse midwifery service or practice; or a health facility located in a health professional shortage area and determined by the Secretary to have a critical shortage of nurses. For purposes of the preceding sentence, the terms 'migrant health center', 'community health center', 'nursing facility', and 'rural health clinic' have the meaning given such terms in section 836(h)(6), and the term 'health professional shortage area' has the meaning given such term in section 332(a)(1).".

(2) AUTHORIZATION OF APPROPRIATIONS.—Section 830(c) of the Public Health Service Act, as redesignated by paragraph (1)(B) of this subsection, is amended to read as follows:

"(c)(1) For the purpose of carrying out this section, there are authorized to be appropriated $17,000,000 for fiscal year 1992, $19,000,000 for fiscal year 1993, and $21,000,000 for fiscal year 1994.

"(2) Of the amounts appropriated under paragraph (1), the Secretary shall make available not less than 25 for carrying out subsection (b).

"(3) Of the amounts appropriated under paragraph (1), the Secretary may not obligate more than 10 percent for providing traineeships under subsection (a) for individuals in doctoral degree programs.".

(f) NURSE ANESTHETISTS.—

(1) IN GENERAL.—Section 831(a) of the Public Health Service Act (42 U.S.C. 297-1(a)) is amended—

(A) by redesignating paragraph (2) as paragraph (3); and

(B) by inserting after paragraph (1) the following new paragraph:

"(2) In making grants for traineeships under this subsection, the Secretary shall give special consideration to applications for traineeship programs whose participants gain significant experience in providing health services at rural hospitals or rural clinics.".

(2) AUTHORIZATION OF APPROPRIATIONS.—Section 831(c) of the Public Health Service Act (42 U.S.C. 297-1(c)) is amended in the first sentence by inserting before the period the following: ", $3,000,000 for fiscal year 1992, $4,000,000 for fiscal year 1993, and $5,000,000 for fiscal year 1994".

(g) LOAN REPAYMENT PROGRAMS FOR SERVICE IN CERTAIN HEALTH FACILITIES.—Section 837A of the Public Health Service Act (42 U.S.C. 297j(f)) is amended—

(1) by striking "there is" and inserting "there are"; and

(2) by inserting before the period the following: ", $5,000,000 for fiscal year 1992, $6,000,000 for fiscal year 1993, and $7,000,000 for fiscal year 1994".

(h) STUDENT LOANS.—Section 838(a)(3)(B) of the Public Health Service Act (42 U.S.C. 297d(a)(3)(B)) is amended by striking "available to carry out section 843" and inserting "available for making payments under agreements entered into under section 836(h)".

(i) UNDERGRADUATE EDUCATION OF PROFESSIONAL NURSES.—Part B of title VIII of the Public Health Service Act (42 U.S.C. 297 et seq.) is amended—

(1) by striking section 843;

(2) by striking the subpart designation and the heading for subpart III; and

(3) by redesignating subpart IV as subpart III.

(j) GERIATRIC EDUCATION CENTERS.—Section 789(a)(1) of the Public Health Service Act (42 U.S.C. 295g-9(a)(1)) is amended in the matter preceding subparagraph (A) by striking "with accredited health professions schools" and all that follows and inserting the following: "with accredited health professions schools (including schools of nursing and schools of allied health) that are described in paragraph (4) or (10) of section 701 or in section 853(2), and programs described in section 701(8), to assist in meeting the costs of such schools or programs of projects to—".

SEC. 29. STUDY REGARDING SHORTAGE OF CLINICAL LABORATORY TECHNOLOGISTS.

(a) IN GENERAL.—With respect to the shortage of clinical laboratory technologists in the United States, the Secretary of Health and Human Services shall conduct a study for the purpose of—

(1) determining the extent of the shortage;

(2) determining the causes of the shortage; and

(3) developing recommendations on the manner in which the shortage can be alleviated.

(b) CONSIDERATIONS REGARDING RECOMMENDATIONS.—In developing the recommendations required in subsection (a), the Secretary shall—

(1) consider any special or unique factors affecting the supply of clinical laboratory technologists in rural areas or in urban areas; and

(2) consider the effectiveness of any mechanisms that are available for alleviating the shortage of such technologists in rural areas, in urban areas, or both, including competency-based examinations as an alternative route for certification of the competence of individuals to serve as such technologists, and consider the role of entities that provide such certifications.

(c) REPORT.—Not later than October 1, 1992, the Secretary shall complete the study required in subsection (a) and submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report describing the findings made as a result of the study.

(d) DEFINITION.—For purposes of this section, the term "Secretary" means the Secretary of Health and Human Services.

SEC. 30. ESTABLISHMENT OF NATIONAL ADVISORY COUNCIL FOR MONITORING OF PRIVATE SYSTEM FOR VERIFICATION OF PHYSICIAN CREDENTIALS; PROVISIONS REGARDING INTERNATIONAL MEDICAL GRADUATES.

(a) ADVISORY COUNCIL REGARDING VERIFICATION OF CREDENTIALS OF PHYSICIANS.—

(1) IN GENERAL.—The Secretary of Health and Human Services shall establish an advisory council to be known as the Advisory Council on Medical Licensure.

(2) DUTIES.—

(A) The Council shall provide to the Secretary advice regarding the establishment and operation of the system established by the American Medical

Association for the purpose of verifying and maintaining information regarding the qualifications of individuals to practice medicine.

(B) In carrying out subparagraph (A), the Council shall—

(i) monitor the operation of the private verification system and develop recommendations regarding the manner in which the operation can be improved, including, as appropriate, making recommendations for the establishment of nondiscriminatory policies and practices for the operation of the system;

(ii) in the case of the medical licensing by 1 State of individuals who previously have been so licensed by another State (commonly known as licensure by endorsement), determine to what extent the system has expedited and otherwise improved the efficiency and equitable operation of the process in the States for such licensing;

(iii) review the policies and practices of the States (including any relevant laws) in licensing international medical graduates and in licensing domestic medical graduates, and determine the effects of the policies; and

(iv) in the case of organizations representing State authorities that license individuals to practice medicine, consult with such organizations regarding the establishment of nondiscriminatory policies and practices for the process of licensing individuals to so practice (including both the process for initial licensure and the process for licensure by endorsement), and review the efforts of such organizations regarding such policies and practices.

(3) COMPOSITION.—

(A) The Council shall consist of 14 members in accordance with subparagraphs (B) and (C), each of whom shall be a voting member.

(B) The Secretary shall designate 1 official or employee of the Health Resources and Services Administration to serve as a member of the Council. The official or employee so designated shall be a graduate of a medical school located in the United States.

(C) From among individuals who are not officers or employees of the Federal Government, the Secretary shall, subject to subparagraph (D), make appointments to the Council as follows:

(i) 1 individual from an organization representing State authorities that license individuals to practice medicine.

(ii) 1 individual from a national organization representing practicing physicians in the United States.

(iii) 1 individual representing the private verification system.

(iv) 1 individual representing medical schools in the United States.

(v) 1 individual from an organization in the United States that tests international medical graduates with respect to medical knowledge.

(vi) 1 individual from an organization in the United States that, with respect to medical knowledge, tests individuals who are graduates of medical schools located in the United States.

(vii) 1 individual who is a native of the United States and who graduated from a medical school located in the United States.

(viii) 1 international medical graduate from a coalition representing international medical graduates.

(ix) 1 international medical graduate who is a native of a country located in southern or eastern Asia (including southern or eastern Asian islands), and who attended a medical school located in such a country.

(x) 1 international medical graduate who is a native of a European country, of Australia, or of New Zealand, and who attended a medical school located in one of such countries.

(xi) 1 international medical graduate who is a native of a country located in a subsaharan African country and who attended a medical school located in such a country.

(xii) 1 international medical graduate who is a native of a country located in a Latin American or Caribbean country and who attended a medical school located in such a country.

(xiii) 1 international medical graduate who is a native of the United States.

(D) The Secretary may make the appointments described in clauses (viii) through (xiii) of subparagraph (C) only after consultation with organizations and coalitions representing international medical graduates.

(4) ANNUAL REPORT.—Subject to subsection (b)(3), the Council shall annually submit to the Secretary and the Congress a report describing the findings and recommendations of the Council pursuant to the duties established in paragraph (2). The Secretary shall provide a copy of each such report to the private verification system.

(b) REPORTS TO CONGRESS REGARDING ESTABLISHMENT OF NATIONAL VERIFICATION SERVICE.—

(1) FUNCTIONING OF PRIVATE SYSTEM.—During fiscal year 1996, the Secretary, in consultation with the Council, shall make a determination of whether the private verification system is operating with a reasonable degree of efficiency and whether the policies and practices of the system are nondiscriminatory. Not later than December 31, 1996, the Secretary shall submit to the Congress a report describing the findings made through the determination.

(2) PLAN FOR NATIONAL SYSTEM.—If through the determination required in paragraph (1) the Secretary finds that the private verfication system fails to meet either of the criteria with respect to which the determination is made, the Secretary, in consultation with the Council and with relevant organizations, shall develop a plan for the establishment of a national system for the purpose described in subsection (a)(2)(A). Not later than December 31, 1997, the Secretary shall submit the plan to the Congress.

(3) TERMINATION OF ADVISORY COUNCIL.—If through the determination required in paragraph (1) the Secretary finds that the private verfication system meets both of the criteria with respect to which the determination is made, the Council shall terminate upon the expiration of the 30-day period beginning on the date on which the report required in such paragraph is submittted to the Congress. The Council shall otherwise terminate upon the expiration of the 30-day period beginning on the date on which the plan required in paragraph (2) is submitted to the Congress.

(c) REPORTS ON LICENSURE OF INTERNATIONAL MEDICAL GRADUATES.—

(1) IN GENERAL.—With respect to the licensure by the States of individuals to practice medicine, the Secretary, in consultation with the Council, shall annually conduct a study of not less than 10 States for the purpose of determining—

(A) the average length of time required for the States involved to process the licensure applications of domestic medical graduates and the average length of time required for the States to process the licensure applications of international medical graduates, and the reasons underlying any significant differences in such times; and

(B) the percentage of licensure applications from domestic medical graduates that are approved and the percentage of licensure applications from international medical graduates schools that are approved, and the reasons underlying any significant differences in such percentages.

(2) REPORT.—The Secretary each fiscal year shall submit to the Congress a report describing the findings made as a result of the study required in paragraph (1) for the fiscal year.

(d) ADMISSION OF INTERNATIONAL MEDICAL GRADUATES TO RESIDENCY PROGRAMS.—It is the sense of the House of Representatives that any entity which operates a residency program for graduates of medical schools and which accepts applications by individuals for admission to the residency program should not refuse to consider such applications solely on the basis that the applications are from individuals who are international medical graduates.

(e) DEFINITIONS.—For purposes of this section:

(1) The term "Council" means the Advisory Council on Medical Licensure established in subsection (a)(1).

(2) The term "domestic medical graduate" means an individual who is a graduate of a medical school located in the United States or Canada.

(3) The term "international medical graduate" means an individual who is a graduate of an international medical school.

(4) The term "initial licensure" means the medical licensing of individuals who have not previously been so licensed by any State.

(5) The term "international medical school" means a medical school located in a country other than the United States or Canada.

(6) The term "licensing by endorsement" means the medical licensing by 1 State of individuals who previously have been so licensed by another State.

(7) The term "medical school" means a school of medicine or a school of osteopathic medicine, as such terms are defined in section 701(4) of the Public Health Service Act.

(8) The term "nondiscriminatory", with respect to policies and practices, means that the policies and practices do not discriminate on the basis that an individual is an international medical graduate and that the policies and practices do not constitute discrimination in violation of applicable law.

(9) The term "private verification system" means the system described in subsection (a)(2)(A) and established by the American Medical Association.

(10) The term "Secretary" means the Secretary of Health and Human Services.

(11) The term "State" means each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, and the Trust Territory of the Pacific Islands.

Purpose and Summary

H.R. 3508 amends and extends the programs of education for health professionals and nurses in Titles 7 and 8 of the Public Health Service Act.

Title 7 of the Public Health Service Act provides support for health professions education. Support for students comes in the form of loans, loan guarantees, and scholarships. Institutional support is provided through grants and contracts. Title 8 of the Public Health Service Act authorizes assistance for nursing education through direct assistance to students and institutional support for schools.

The Committee proposal revises and extends the loan programs for health professions students, scholarship and assistance programs for students from disadvantaged backgrounds, Area Health Education Centers and Health Education and Training Centers, the programs in geriatric training, public health, and the other existing educational programs in Title 7. The Committee proposal also revises and extends the Nursing Education Act programs in Title 8.

The Committee proposal establishes several new authorities, including a residency program in emergency medicine and a grant authority for health professions research. It also authorizes studies of the shortage of clinical lab technologists and establishes a council to address the licensing issues affecting graduates of foreign medical schools.

Need for the Legislation

H.R. 3508 reflects a critical reassessment of the purpose and funding of these two programs. For many years, the authorization levels in Titles 7 and 8 have greatly exceeded actual appropriations. Any priorities that the authorization levels may have conveyed have been lost in the gap between authorization and actual appropriations.

In this reauthorization, the Committee has placed a priority on training in primary care delivery, especially that which takes place in underserved areas. Increases in authorization levels are targeted at programs that support training in (1) primary care medicine, (2) mid-level professions such as physician assistants, nurse practitioners and nurse midwives and (3) those allied health professions experiencing critical shortages.

The legislation repeals programs that have not received funding in more than two years or have not achieved original expectations.

The legislation also consolidates programs that are similar in purpose.

In addition, at the urging of the Administration and the House Appropriations Committee, the Committee proposes steps to reduce default rates in the HEAL loan program and improve the solvency of the loan insurance fund.

HEARINGS

The Committee's Subcommittee on Health and the Environment held one day of hearings on May 30, 1991 on the reauthorization of the health professions and nurse education titles of the Public Health Service Act. Testimony was received from witnesses representing the Health Resources and Services Administration, Association of of Chiropractic Colleges, American Chiropractic Association, American Association of Colleges of Podiatric Medicine, Virginia Primary Care Association, American Association of Medical Colleges, American Academy of Family Physicians, American Association of Colleges of Osteopathic Medicine, UCLA School of Dentistry, Rehoboth McKinley Christian Hospital, American Association of Colleges of Nursing, Georgetown University Graduate Program in Nurse Midwifery, American Academy of Nurse Practitioners, American Nurse Anesthetists, Columbia University School of Public Health, University of Illinois at Chicago College of Associated Health Professions, Indiana University School of Allied Health Sciences, and University of Hawaii at Manoa School of Social Welfare.

COMMITTEE CONSIDERATION

On October 2, 1991, the Subcommittee on Health and the Environment met in open session to consider the Subcommittee Print, "Health Professions Education Amendments of 1991." The Subcommittee Print was amended and ordered reported as a clean Committee proposal, by voice vote, a quorum being present. On October 3, Mr. Waxman introduced the clean Committee proposal, H.R. 3508. On October 8, 1991, the Committee on Energy and Commerce met in open session and ordered reported the Committee proposal H.R. 3508 with amendments by voice vote, a quorum being present.

Pursuant to clause 2(l)(3)(A) of rule XI of the Rules of the House of Representatives no oversight findings or recommendations have been made by the Committee.

COMMITTEE ON GOVERMENT OPERATIONS

Pursuant to clause 2(l)(3)(D) of rule XI of the Rules of the House of Representatives, no oversight findings have been submitted to the Committee by the Committee on Government Operations.

COMMITTEE COST ESTIMATE

In compliance with clause 7(a) of rule XIII of the Rules of the House of Representatives, the Committee concurs in the cost analysis of the Committee proposal prepared by the Congressional Budget Office.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, October 25, 1991.

Hon. JOHN D. DINGELL,
Chairman, Committee on Energy and Commerce,
House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 3508, the Health Professions Education Amendments of 1991, as ordered reported by the House Committee on Energy and Commerce on October 8, 1989.

H.R. 3508 amends the Federal Program of Insured Loans to Graduate Students in Health Professions Schools. This program is treated as an entitlement and the amendments could alter direct spending and therefore affect pay-as-you-go requirements. Nevertheless, we are not able to quantify the pay-as-you-go effects from this bill. The statement required by clause 8 of House Rule XXI also is enclosed.

If you wish further details on this estimate, we will be pleased to provide them.

Sincerely,

ROBERT D. REISCHAUER,
Director.

Enclosure:

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

1. Bill number: H.R. 3508.
2. Bill title: Health Professions Education Amendments of 1991.
3. Bill status: As ordered reported by the House Committee on Energy and Commerce on October 8, 1991.
4. Bill purpose: To amend the Public Health Service Act to revise and extend certain programs relating to the education of individuals as health professionals, and for other purposes.
5. Estimated cost to the Federal Government:

[By fiscal years, in millions of dollars]

	1992	1993	1994	1995	1996
Authorization of appropriations estimated authorization levels:					
Scholarships for first year students of exceptional need	10	11	13		
Scholarships for disadvantaged students	17	17			
Establishment of Departments of Family Medicine	7				
Area health education centers:					
Other than border health	19	19	19		
Border health	4	5	6		
Additional Authority	1	3	6		
Programs of excellence in health: Professions education for minorities	15	16			
Training, traineeships, and fellowships in internal medicine and pediatrics	17	19	20		
Residency in emergency medicine	(1)	(1)	(1)		
Residency programs in dentistry	4	5	6		
Family medicine	36	45	47		
Educational assistance to individuals with disadvantaged backgrounds	31	32			
Special projects:					
Preventive medicine training	2	2	2		
Physician assistants	7	7	9		

	1992	1993	1994	1995	1996
Health professions research	1	1	1	.....	.....
Training with respect to AIDS:					
General	17	19	21	.....	.....
Dental schoools	6	8	10	.....	.....
Geriatric education centers and geriatric training	14	14	15	.....	.....
Year 2000 health objectives	4	4	4	.....	.....
Graduate programs in health administration	2	(1)	(1)	.....	.....
Traineeships for students in other graduate programs	(1)	2	3	.....	.....
Public health traineeships	3	4	6	.....	.....
Project grants and contracts reallied health personnel	2	3	3	.....	.....
Traineeships for advanced training of allied health personnel	8	8	8	.....	.....
Health care for rural areas	4	5	5	.....	.....
Nurse education:					
Special projects	8	9	10	.....	.....
Advanced nurse education	8	9	10	.....	.....
Nurse practitioner and nurse midwife program	17	19	21	.....	.....
Special projects for disadvantaged individuals	4	5	6	.....	.....
Traineeships	17	19	21	.....	.....
Nurse anesthetists	3	4	5	.....	.....
Loan repayment	5	6	7	.....	.....
Study on shortage of clinical lab technologists	1	.....	.....	.....	.....
National Advisory Council	2	2	2	2	2
Report on national verification	.....	.....	.....	.....	1
Report on licensure of international medical graduates	1	1	1	1	1
Total estimated authorization	296	322	286	3	4
Estimated outlays:					
Scholarships for first year students of exceptional need	6	9	12	5	2
Scholarships for disadvantaged students	10	15	7	2	.....
Establishments of Departments of Family Medicine	4	2	1	.....	.....
Area health education centers:					
Other than border health	11	17	19	8	2
Border health	2	4	5	2	1
Additional authority	(1)	2	4	2	1
Programs of excellence in health:					
Professions education for minorities	9	14	7	2	.....
Training, traineeships, and fellowships in internal medicine and pediatrics	10	15	19	8	2
Residency in emergency medicine	(1)	(1)	(1)	(1)	(1)
Residency programs in dentistry	2	4	5	2	1
Family medicine	21	37	45	20	6
Educational assistance to individuals with disadvantaged backgrounds	18	28	13	4	.....
Special projects:					
Preventive medicine training	1	2	2	1	(1)
Physician assistants	4	6	8	4	1
Health professions research	1	1	1	1	(1)
Training with respect to AIDS:					
General	10	16	20	9	3
Dental schools	3	6	9	4	1
Geriatric education centers and geriatric training	8	12	15	6	2
Year 2000 health objectives	2	3	4	2	(1)
Graduate programs in health administration	2	.....	.....	.....	.....
Traineeships for students in other graduate programs	(1)	1	2	1	(1)
Public health traineeships	2	4	5	2	1
Project grants and contracts on allied health personnel	1	2	3	1	(1)
Traineeships for advanced training of allied health personnel	5	7	8	3	1
Health care for rural areas	3	4	5	2	1
Nurse education:					
Special projects	5	8	9	4	1
Advanced nurse education	5	8	9	4	1
Nurse practitioner and nurse midwife program	10	16	20	9	3
Special projecs for disadvantaged individuals	2	4	5	2	1
Traineeships	10	16	20	9	3
Nurse anesthetists	2	3	4	2	1
Loan repayment	3	5	6	3	1

	1992	1993	1994	1995	1996
Study on shortage of clinical lab technologists	1	(1)			
National Advisory Council	1	2	2	2	2
Report on national verification					1
Report on licensure of international medical graduates	1	1	1	1	1
Total estimated outlays	173	276	298	126	37
Direct spending:					
Estimated budget authority	(2)	(2)	(2)	(2)	(2)
Estimated outlays	(2)	(2)	(2)	(2)	(2)

[1] Less than $500,000
[2] Cannot be estimated

Details in the table may not add to totals because of rounding. The costs of this bill fall within budget function 550.

Basis of Estimate: This estimate assumes that all authorizations are fully appropriated at the beginning of each fiscal year. Outlays are estimated using spendout rates computed by CBO on the basis of recent program data. The following sections describe the major provisions of the bill, including the potential direct spending effects.

Scholarships for First Year Students of Exceptional Need: H.R. 3508 would reauthorize grants to schools of medicine, osteopathic medicine, dentistry, optometry, pharmacy, podiatric medicine, or veterinary medicine for scholarships to full-time students who have exceptional financial need. The bill authorizes appropriations of $9.76 million for fiscal year 1992, $11 million for fiscal year 1993, and $13 million for fiscal year 1994 for these grants.

Scholarships for Disadvantaged Students: The bill would reauthorize grants to health professions schools for scholarships to students from disadvantaged backgrounds. The bill authorizes appropriations of $17 million for each of fiscal years 1992 and 1993 for this program.

Establishment of Departments of Family Medicine: H.R. 3508 would reauthorize grants to schools of medicine and osteopathic medicine for projects which establish, maintain, or improve academic administrative units to provide clinical instruction in family medicine. The bill authorizes appropriations of $6.83 million in fiscal year 1992 for these projects.

Area Health Education Centers: H.R. 3508 would authorize increased appropriations for area health education centers and would reauthorize contracts with schools of medicine and osteopathic medicine for the planning, development, and operation of area health education center programs. The bill authorizes appropriations of $19.2 million in each of fiscal years 1992 and 1993, and $18.5 million for fiscal year 1994 for these purposes.

The bill also reauthorizes contracts with schools of medicine and osteopathic medicine for planning, development, establishment, maintenance, and operation of health education and training centers along the border between the United States and Mexico and authorizes appropriations of $4 million, $5 million and $6 million for fiscal years 1992, 1993 and 1994, respectively, for these centers.

The bill would establish additional authority for provision of contracts for area health education centers programs, and the bill would require eligible schools of medicine or osteopathic medicine

to make matching non-Federal contributions in cash towards the costs of operating the program. The bill authorizes appropriations of $.8 million in fiscal year 1992, $2.8 million in fiscal year 1993, and $5.5 million in fiscal year 1994 for these purposes.

Programs of Excellence in Health Professions Education for Minorities: H.R. 3508 would reauthorize grants to health professions schools for programs of excellence in health professions education for minority individuals and would make schools of osteopathic medicine eligible for these grants. The bill authorizes appropriations of $15 million in fiscal year 1992, and $16 million in fiscal year 1993 for this program.

Training, Traineeships, and Fellowships in General Internal Medicine, General Pediatrics, and Internal Medicine: The bill would reauthorize funding for projects, traineeships, and fellowships for training of physicians who plan to teach in a general internal medicine or general pediatrics training program. The bill authorizes appropriations for $17.26 million in fiscal year 1992, $18.5 million in fiscal year 1993, and $20 million in fiscal year 1994 for this purpose.

The bill also would provide additional authorization for planning and development of residency training programs in emergency medicine. The bill authorizes $.3 million for each of fiscal years 1992 through 1994 for these programs.

Residency Programs in General Practice of Dentistry: H.R. 3508 would reauthorize funding for residency programs in dentistry, and for financial assistance for residency participants. The bill authorizes appropriations of $3.83 million in fiscal year 1992, $4.5 million in fiscal year 1993, and $6 million in fiscal year 1994 for this program.

Family Medicine: The bill would reauthorize grants and contracts for training programs or financial assistance for the purpose of assisting medical students or physicians who are committed to practicing family medicine. The bill authorizes appropriations of $36.1 million in fiscal year 1992, $45 million in fiscal year 1993, and $47 million in fiscal year 1994 for family medicine.

Educational Assistance to Individuals from Disadvantaged Backgrounds: H.R. 3508 would reauthorize grants to and contracts with health professions schools for the purpose of assisting individuals from disadvantaged backgrounds. The bill requires equitable geographical distribution of grants and contracts; and equitable allocation to individuals of various racial and ethnic backgrounds. The bill authorizes appropriations of $30.82 million in fiscal year 1992, and $31.5 million in fiscal year 1993 for this program.

Special Projects: H.R. 3508 would reauthorize funding for residency training programs in preventive medicine, and for financial assistance to residency trainees enrolled in such programs. The bill authorizes appropriations of $1.65 million in fiscal year 1992, an $2 million for each of fiscal years 1993 and 1994 for these programs.

The bill would reauthorize funding for projects for training physician assistants at $7 million for fiscal years 1992 and 1993, and $9 million for fiscal year 1994.

The bill would authorize the Secretary of Health and Human Services (HHS) to make grants to and enter into contracts with public and nonprofit private entities for health professions re-

search. The bill provides authorization for $1.02 million in fiscal year 1992, and $1.2 million for each of fiscal years 1993 and 1994.

Training with Respect to AIDS: H.R. 3508 would reauthorize funding for projects in schools and academic health centers for the purpose of training with respect to acquired immune deficiency syndrome (AIDS). The bill also would add eligibility for training programs that train faculty of schools of marriage and family therapy to teach health professions students to provide for the health care needs of individuals with AIDS. The bill authorizes appropriations of $17.02 million in fiscal year 1992, $19 million in fiscal year 1993, and $21 million in fiscal year 1994 for these projects.

The bill also would reauthorize funding for grants to assist dental schools and programs with respect to oral health care to patients with AIDS and would authorize appropriations of $6, $8, and $10 million for fiscal years 1992, 1993, and 1994, respectively.

Geriatric Education Centers and Geriatric Training: H.R. 3508 would reauthorize funding for geriatric education centers and geriatric training programs. The bill would reauthorize grants to and contracts with accredited health professions school for projects to educate health professionals in geriatric treatment. The bill also would reauthorize grants and contracts for projects to train physicians and dentists who plan to teach geriatric medicine or geriatric dentistry. The bill authorizes appropriations of $13.71 million in fiscal year 1992, $14 million in fiscal year 1993, and $15 million in fiscal year 1994 for these projects.

Year 2000 Health Objectives: H.R. 3508 would authorize projects which are appropriate to meeting the objectives established by the Secretary of HHS for the health status of the U.S. population for the year 2000. The bill authorizes appropriations of $3.76 million in fiscal year 1992, and $4 million for each of fiscal years 1993 and 1994 for this program.

Graduate Programs in Health Administration: The bill would reauthorize grants to public or nonprofit private educational entities to support graduate programs in health administration, hospital administration, and health planning, and would authorize appropriations of $1.55 million in fiscal year 1992 for the program.

Traineeships for Students in Other Graduate Programs: H.R. 3508 reauthorizes grants to public or nonprofit private educational entities that offer a program in health administration, hospital administration, or health policy analysis and planning, to fund traineeships for students enrolled in the programs. The bill authorizes appropriations of $.48 million in fiscal year 1992, $2 million in fiscal year 1993, and $2.5 million in fiscal year 1994.

Public Health Traineeships: The bill reauthorizes grants to schools of public health that provide traineeships in public health and authorizes $3.42 million in fiscal year 1992, $4 million in fiscal year 1993, and $5 million in fiscal year 1994 for the program.

Project Grants and Contracts Regarding Allied Health Personnel: H.R. 3508 would reauthorize grants and contracts for projects which provide training, recruitment, and education for allied health personnel. The bill authorizes appropriations of $2 million in fiscal year 1992, $2.5 million in fiscal year 1993, and $3 million in fiscal year 1994.

Traineeships for Advanced Training of Allied Health Personnel: The bill would reauthorize funding for projects which support postgraduate programs for advanced specialty training of allied health professionals who plan to teach and conduct research in an allied health training program. The bill also would reauthorize funding for traineeships and fellowships to doctoral or post doctoral students in such a program, who plan to teach and conduct research in an allied health discipline. The bill authorizes appropriations of $8 million in each of fiscal years 1992 through 1994 for these purposes.

Health Care for Rural Areas: H.R. 3508 would reauthorize funding for grants and contracts which assist individuals in academic institutions in establishing long-term collaborative relationships with health care providers in rural areas. The bill authorizes appropriations of $4.39 million in fiscal year 1992, $4.5 million in fiscal year 1993, and $5 million in fiscal year 1994.

Nurse Education: H.R. 3508 would reauthorize funding for special projects that serve rural areas, upgrade skills of nursing personnel, or support nursing practice arrangements in communities. The bill would also reauthorize training grants that demonstrate innovative nursing practice models, or increase the exposure of nursing students to clinical practice in certain settings. The bill authorizes specific amounts for fiscal years 1992 through 1994 to fund these programs.

The bill would reauthorize funding for projects to plan, develop, operate, or significantly expand programs which lead to masters' or doctoral degrees that prepare nurses to serve in clinical nurse specialties. The bill authorizes appropriations of $8 million in fiscal year 1992, $9 million in fiscal year 1993, and $10 million in fiscal year 1994.

H.R. 3508 would reauthorize funding for projects to plan, develop and operate, expand, or maintain programs for the training of nurse practitioners and nurse midwives. The bill authorizes appropriations of $17, $19, and $21 million for fiscal years 1992, 1993, and 1994, respectively.

The bill would reauthorize funding for special projects to increase nursing education opportunities for individuals from disadvantaged backgrounds. The bill authorizes appropriations of $4 million in fiscal year 1992, $5 million in fiscal year 1993, and $6 million in fiscal year 1994 for these projects.

H.R. 3508 would reauthorize funding for traineeships for nurses in masters' or doctoral degree programs in order to educate such nurses to serve in and prepare for practice as nurse practitioners, or to serve in other professional nursing specialties that require advanced education. The bill specifies that not less than 25% of funds will be available for traineeships for masters in nursing, and not more than 10% of funds will be available for traineeships for individuals in doctoral programs. The bill authorizes appropriations of $17 million in fiscal year 1992, $19 million in fiscal year 1993, and $21 million in fiscal year 1994.

The bill would reauthorize grants to fund traineeships for licensed registered nurses to become nurse anesthetists and to fund programs for the education of nurse anesthetists. The bill author-

izes appropriations of $3, $4, and $5 million in fiscal years 1992, 1993, and 1994, respectively, for these traineeships.

H.R. 3508 would reauthorize loan repayment programs for nurses who serve for at least 2 years in certain health facilities, including Indian Health Service health centers, Native Hawaiian health centers, public hospitals, migrant health centers, or community health centers. The bill authorizes appropriations of $5 million in fiscal year 1992, $6 million in fiscal year 1993, and $7 million in fiscal year 1994 for these programs.

Study regarding Shortage of Clinical Lab Technologists: H.R. 3508 would authorize the Secretary of HHS to conduct a study in order to determine the extent and causes of the shortage of clinical laboratory technologists, and to develop recommendations regarding alleviation of the shortage. According to Health Resources and Services Administration (HRSA), this study would cost approximately $1 million, in order to meet the deadline of October 1, 1992.

National Advisory Council: The bill would authorize the Secretary of HHS to establish an Advisory Council on Medical Licensure, which would provide advice regarding the establishment and operation of the private verification system for medical licensure. The bill also authorizes an annual report describing the findings and recommendations of the Council. According to HRSA, establishment and funding of a National Advisory Council would cost $1.5 million per fiscal year in order to cover the costs of selecting the Council members, meetings, travel costs, honoraria, and reports.

Report regarding Establishment of National Verification System: H.R. 3508 would authorize the Secretary of HHS, in consultation with the Advisory Council on Medical Licensure, to evaluate the private verification system based on efficiency and nondiscrimination criteria. If the private verification system fails to meet either of the criteria, the bill mandates a plan by the Secretary of HHS and the Council, for the establishment of a national system. According to HRSA, the evaluation and report process would cost approximately $1.2 million in fiscal year 1996.

Report regarding Licensure of International Medical Graduates: The bill authorizes the Secretary of HHS, in consultation with the Advisory Council on Medical Licensure, to conduct an annual study and report ragarding the licensure of international medical graduates. According to HRSA, these activities would cost $1 million per fiscal year.

Direct Spending: H.R. 3508 would make several changes in the Federal Program of Insured Loans to Graduate Students in Health Professions Schools that could affect direct spending. The bill would set ceilings on the total principle amount of new loans made and installments paid pursuant to lines of credit of $365 million for fiscal year 1992, $425 million for fiscal year 1993, and $475 million for fiscal year 1994. These ceilings would limit the amounts of loans disbursed each year, and this would affect loan premium collections and future disbursements for defaults on these loans. The loan limits are above current borrowing projections and are not expected to have a budget effect.

The remaining changes in the loan program are at the discretion of the Secretary of HHS. CBO little information from the Adminis-

tration regarding changes that the Secretary would make if he were given the authority to extend the grace period, raise the ceiling on the insurance premium, and impose limits on default rates. That lack of information makes estimating the effects of changes to the grace period and insurance premiums impossible. Furthermore, even if CBO had information regarding the Secretary's future policy actions under the bill on default rate limits, we still would not be able to quantify the effects of such changes.

The bill would allow the Secretary to extend the current grace period before loan repayment begins by up to an additional 9 months, to a total of 21 months. This would increase the amount of interest payments due on the loans, because interest would continue to accrue during the grace period. The grace period extension also may affect the level of defaults. The increased interest payments may increase the default rate, if the increased loan burden causes more borrowers to default. On the other hand, the longer grace period may decrease the default rate if it prevents defaults by borrowers who would default early in the repayment period. Nevertheless, because the size of these potential effects are unknown, it is not possible to estimate the effect of a longer grace period on direct spending.

H.R. 3508 would allow the Secretary of HHS to raise the ceiling on the insurance premium charged on loans, from 8% to 13%. The bill also would allow the Secretary to charge a different premium for each of the health professions. Because premiums are collected upon disbursement of the loan and deposited in the Student Loan Insurance Fund (SLIF), the possible effects on direct spending of increased insurance premiums can be estimated given the premium increase. For example, if the Secretary charges a 13% premium on all loans, the amount of budget authority required to pay for the shortfall in the SLIF over actual defaults would decrease due to the growth in the SLIF. Budget authority would decrease by $15 million compared to baseline estimates in fiscal year 1992, $30 million in fiscal year 1993, $16 million in fiscal year 1995, and $17 million in fiscal year 1996. This example of the possible effects of this provision, because insurance premiums charged by the Secretary to the various health professions are likely to be lower than 13%. Thus savings are likely to be lower than in the example above.

The bill would allow the Secretary of HHS to impose on eligible institutions, lenders, and holders reasonable limits on default rates for borrowers on the loans. The bill would allow the Secretary to set a single limit on default rates for all professions. The bill would allow the Secretary to enforce this limit by suspending, terminating, or otherwise restricting the authority of institutions, lenders and holders to obtain insured loans, to insure loans, or to purchase loans, respectively. This provision could have several potential effects on direct spending. If the Secretary does not enforce this rate, no change in default rates or direct spending would result.

If the Secretary enforces the limit by restricting lending, loan disbursements would fall. Because of SLIF is funded by insurance premiums paid on loan disbursements, premium collections for the SLIF would decrease. At the same time, the default rate may fall, which would decrease expected outlays on defaults for the disbursed loans. The net effect of these possible changes depends on

the effect on loan disbursements, and the effect on the default rate of the disbursed loans.

Because of uncertainty regarding the Secretary's actions, as well as uncertainty about the effects of the actions, CBO is unable to estimate the effects of these changes on direct spending. Savings could potentially result from increasing the ceiling on the insurance premium, and from imposing limits on default rates, but the magnitudes of these savings are not known. Extension of the grace period may result in either savings or costs, depending on its effect on default rates, but the probability of savings is higher than the probability of additional costs.

6. Pay-as-you-go considerations: The Budget Enforcement Act of 1990 sets up pay-as-you-go procedures for legislation affecting direct spending or receipts through 1995. The pay-as-you-go implications of H.R. 3508 depend on the discretion of the Secretary of HHS in changing the grace period before loan repayment and the loan insurance premium, and in enforcing lower default rates for the Health Professions Loan Program. Because the potential changes and the effects of the changes are unknown, the pay-as-you-go implications cannot be estimated at this time.

7. Estimated cost to State and local government: In order to receive additional contracts for area health education center programs, eligible schools of medicine or osteopathic medicine would have to provide at least $1 in non-federal contributions in cash for each $1 of federal funds used for operating the program. Non-federal funds could come from state and local governments.

8. Estimate comparison: None.

9. Previous CBO estimate: None.

10. Estimate prepared by: Connie Takata.

11. Estimate approved by: C.G. Nuckols, for James L. Blum, Assistant Director for Budget Analysis.

CONGRESSIONAL BUDGET OFFICE ESTIMATE [1]

The applicable cost estimate of this Act for all purposes of sections 252 and 253 of the Balanced Budget and Emergency Deficit Control Act of 1985 shall be as follows:

[By fiscal years, in millions of dollars]

	1992	1993	1994	1995
Change in outlays	0	0	0	0
Change in receipts	(1)	(1)	(1)	(1)

[1] Not applicable

INFLATIONARY IMPACT STATEMENT

Pursuant to clause 2(l)(4) of rule XI of the Rules of the House of Representatives, the Committee makes the following statement with regard to the inflationary impact of the reported proposal:

[1] An estimate of H.R. 3508, as ordered reported by the House Committee on Energy and Commerce on October 8, 1991. This estimate was transmitted by the Congressional Budget Office on October 25, 1991.

The Committee proposal emphasizes the training of primary care physicians, public health and other health professionals that focus on the delivery of cost-efficient health care, disease prevention and health promotion. The cost-benefit ratios of such professionals are clearly anti-inflationary, especially when the alternatives of subsequent, more costly therapy institutional care are considered.

Section-by-Section Analysis

Section 1 of H.R. 3508 contains the short title of the Committee proposal.

Section 2 amends Title 7 of the Public Health Service Act by creating a new Section 711 that establishes priorities regarding the awarding of grants and contracts for programs that train primary care providers. Under subsection (a), priority will be given to applicants if a substantial number of providers who complete the applicant's education programs are providing primary health services to medically underserved individuals. Applicants may also be given priority if they have developed a plan to implement innovative new programs that could include required training rotations in underserved rural and urban areas, particularly in non-hospital settings; curriculum changes that would emphasize the special health needs and delivery issues related to serving rural, disadvantaged and minority populations; and other programs that increase clinical exposure to underserved patients in a primary care setting.

In addition to the above priority, the Committee proposal states that priority shall only be given to medical schools that also have a department or other academic administrative unit of family medicine and that require that each student of the school receive significant clinical training in family medicine by the end of the third year of the program.

With respect to residency programs funded under Title 7, the Committee proposal provides that no program shall receive priority under the circumstances outlined in subsection (a) unless, in addition to those requirements, a program requires that a substantial percentage of individuals completing the residency program have significant experience in providing primary health care services to medically underserved individuals or significant experience in providing such services in ambulatory health facilities. These facilities may include ambulatory clinics providing primary care services to underserved populations such as Indian Health Service or Native Hawaiian health centers, rural health centers, migrant health centers, and community health centers or other non-profit community clinics, including free clinics.

Section 3 contains provisions to reform and strengthen the Health Education Assistance Loan program.

Many in Congress have become increasingly concerned that default rates under the Health Education Assistance Loan program are exceeding the capacity of the student loan insurance fund. In Fiscal Year (FY) 1992 it has become necessary for appropriations to be added to the fund to cover losses on federally guaranteed loans. In fiscal year 1992, the House and Senate Appropriations Committee provided "$48,000,000 to liquidate 1992 obligations from loans guaranteed prior to 1992." In providing these funds the House Ap-

propriations Committee expressed its continuing concern over the "high level of defaults in the HEAL program." The Committee called upon the authorizing committee "to develop legislation to replace or substantially modify the HEAL program in order to stem the tide of defaults." [1]

This Committee finds the current level of loan default unacceptable. The Committee proposal responds to the call for substantive reform of the HEAL program and includes new authorities which will enhance the solvency of the student loan insurance fund and reduce student default rates.

Subsection (a) of the Committee proposal authorizes a credit ceiling for federally insured loans. $365 million is authorized for FY 1992, $425 million is authorized for FY 1993 and $475 million is authorized for FY 1994.

Subsection (b) extends for an additional 12 months the period a student may defer repayment of a HEAL loan following graduation. The Committee is hopeful that by extending the deferral period, students such as those in the chiropractic profession will have sufficient time to establish a practice and being repayment.

Subsection (c) revises and increases the maximum ceiling on the HEAL insurance premium. Under current law, the Secretary is authorized to assess a default insurance premium on a HEAL loan of up to 8 percent of the value of the loan. The Committee proposal amends current law by authorizing the Secretary to assess a default insurance premium on a HEAL loan of up to 13 percent of the value of the loan. Further, section 3 (c) also authorizes the Secretary to set and assess a different percentage premium for each of the health professions as specified in section 737(l) of the PHS Act.

The Committee is aware of the fact that HEAL default rates, whether measured on an aggregate or annual cohort basis, have tended to vary by health profession. For example, the cumulative default rate for medical school students is 4.9 percent while the default rate for students at chiropractic schools is 10.0 percent. For the cohort of loans originated in 1984, the estimated default rate for osteopathy students is 7.9 percent while the estimated default rate for chiropractic students is 18.9 percent. Under current law, all HEAL borrowers pay an 8 percent default insurance premium regardless of their relative risk of default. As a result, students at low risk of default (like those attending medical schools) may cross-subsidize those at higher risk of default.

The Committee proposal provides the Secretary with authority to assess different percentage premiums for each health profession, depending upon the default rate of the health profession. The Committee expects the Secretary to take prompt action to establish discrete premiums for each health profession based upon the default rate for each profession. The Committee expects the Secretary to establish reasonable premiums based on a comprehensive analysis of the risk of the defaults as well as a projection of expected income due to enhanced efforts at collections from former defaulters. The analysis upon which the new insurance premiums are based should be published in the Federal Register prior to the ef-

[1] Committee on Appropriations, House of Representatives, Report 102-121, pp. 41-42.

fective date of the revised premiums. To hasten the implementation process, the Committee expects the Secretary to announce a schedule for the new premiums in the Federal Register and to begin assessing the revised schedule of premiums on loans insured on or after 120 days after the enactment of this provision.

Subsection (d) authorizes the Secretary to impose reasonable limits on default rates for schools, lenders and holders of loans. The Committee proposal requires the Secretary to implement these provisions within 120 days of the enactment of this Act.

The Committee wishes to emphasize the importance of establishing reasonable default rates. In determining what is a reasonable default rate the Secretary should take into consideration the importance of the HEAL program to assuring access to health professions education. It is not the Committee's intent to authorize actions that would directly or indirectly exclude entire health professions from the HEAL program.

The Committee realizes that schools, lenders, and holders must share the responsibility for minimizing HEAL defaults. Consistent with reforms recently enacted in the Guaranteed Student Loan program, the Committee proposal authorizes the Secretary to terminate or otherwise restrict institution, lender, and holder eligibility based upon the default rate for each entity. For eligible institutions, the Committee expects that one default limitation (performance standard) shall apply across all health professions. Further, if the default rate of an individual health professions school of an institution exceeds the limit, the Secretary may take action against the eligibility of that individual health professions school, but not against any otherwise eligible health professions school of the institution.

Subsection (e) provides for establishment of an Office of Student Loan Debt Collection within the Division of Student Assistance of the Health Resources and Services Administration. The Committee recognizes that many of the HEAL loan tracking and debt collection functions are dispersed within HRSA and HHS and believes that consolidation of these existing functions into a single office may improve the management and return on HEAL debt collection activities.

The Committee expects that the new Office will undertake a thorough review of current collection requirements and incentives, and recommend additional steps to improve loan servicing and collection where warranted. The Office should also investigate the feasibility of providing positive financial incentives for lenders to keep defaults below a predetermined goal. The Office should also undertake an initiative to encourage students to make early payments on their HEAL loans by working or receiving assistance in a manner which will not jeopardize the students' ability to claim independent status in future years.

Subsection (e) also requires the Director of the Office to submit to Congress a detailed annual report on HEAL collections. The Committee expects the report to contain aggregate default rates for the entire program, including tabulations by each health profession and by each lender, holder and institution. The report should also contain rates by each annual cohort of loans for the entire pro-

gram, including tabulations by each health profession and by each lender, holder and institution.

The Committee notes that current law already authorizes the Secretary to offset Medicare reimbursement for services rendered by HEAL defaulters. The Committee urges the Secretary to take immediate action to ensure that this authority is used to increase HEAL collections. The Committee proposal requires the Secretary to report back to the Committee within 30 days of the enactment of this Act on progress toward implementation of this offset authority and on revised estimates of HEAL collections given the implementation of this authority.

Section 4 amends the Health Professions Student Loan (HPSL) program to clarify the requirement that funds returned to HHS from schools no longer participating in the HPSL program stay within the HPSL account. For the past few years, these returned funds for both HPSL and the Nursing Student Loan programs have been transferred out of their respective accounts and used to offset general increases in Title 7 and 8 appropriations. In FY 1990, for example, $9.88 million was transferred out and used as a general revenue offset. The Committee emphasizes that the statutory language makes clear that any such returned funds are part of a revolving loan program that no longer receives new appropriations, and these returned funds should be used solely to make new awards to schools for the purpose of offering HPSL loans.

Section 5 amends Section 758 of the PHSA to reauthorize for three years the program of scholarships for health professions students with exceptional financial need.

Section 6 amends the program of scholarships for disadvantaged students in Section 760 of the PHSA to clarify that preferences in providing scholarships should be given to students who are from disadvantaged backgrounds, as defined by the Secretary, and for whom the costs of attending the school would constitute a severe financial hardship.

Section 7 amends the health professions faculty loan repayment program in Section 761 to clarify who is eligible to participate in the program and the amount of payments made to such individuals. The Committee proposal clarifies that the purpose of the program is to encourage individuals from disadvantaged backgrounds to enter a teaching career in the health professions, particularly those who have not previously considered such a career. Therefore the Committee limits eligibility for this loan repayment program to individuals who have not been members of the faculty of any school at any time during the 18-month period preceding the date on which the Secretary receives the request of the individual for such a loan repayment contract.

This section also clarifies that the total payments made for the educational loans of the individual in the program may not, for any year that such payments are made, exceed an amount equal to 20 percent of the outstanding principal and interest on the loans.

Section 8 reauthorizes for one year the Family Medicine Department program in Section 780. In keeping with Committee intent to consolidate programs of similar purpose, this section is repealed, effective October 1, 1992. Because the Committee consolidates Sections 780 and 786, it is the Committee's intention that funds that

would have been appropriated under Section 780 be incorporated into the appropriations made under the Section 786 authority starting in FY 1993.

Section 9 extends for three years the authorization of appropriations for the Area Health Education Centers and Border Health centers programs in Section 781.

Section 10 amends the program of Centers of Excellence in minority health by clarifying the eligibility of schools of osteopathic medicine for the program and authorizing specific funding levels for fiscal years 1992 and 1993.

Section 11 amends the program of general internal medicine and general pediatrics to include the planning, development and operation of predoctoral training programs in the fields of general internal medicine and general pediatrics. The implementation of similar language in the Section 786 Family Medicine training programs indicates that medical clerkships for third and fourth year students are important to the career decisions made by these students.

In making awards under section 784 the Committee expects the Secretary to give special consideration to the development of programs that offer training in non-hospital primary care delivery settings, particularly those outlined as preferences in Section 711 above. The Committee notes in particular the importance of supporting pediatric residency training programs that emphasize training in outpatient settings and include rural outreach initiatives. The Committee understands that the University of Minnesota currently operates a program which requires pediatric residents spend at least half their residency time training in outpatient clinics—the setting in which pediatricians will most often practice. The Committee understands the added cost of training in these settings, but believes that this kind of training has the best chance of persuading medical students and residents to establish practice in underserved areas.

The Committee proposal also authorizes establishment of a new residency program in emergency medicine. Funding is authorized at levels of $300,000 for each of fiscal years 1992–1994.

Section 12 amends Section 785 to reauthorize for three years the residency programs in general dentistry. The Committee urges the Secretary to consider support of innovative, nontraditional ways of providing general dentistry training.

Section 13 amends Section 785 to reauthorize for three years the residency programs in family medicine. The Committee notes that the authorization levels for fiscal years 1993 and 1994 reflect the addition of funding from the repealed Section 780 Departments of Family Medicine. While the Department may continue with modified grant agreements made under Section 780 under this authority, the Committee expects the Secretary to give special consideration to the dvelopment of programs that offer training in non-hospital primary care delivery settings, particularly those outlined as preferences in Section 711 above. The Committee understands the added cost of training in these settings, but again believes that this kind of training has the best chance of effectively persuading medical students and residents to establish practice in underserved areas.

Section 14 amends the program for educational assistance to individuals from disadvantaged backgrounds in Section 787 to address the equitable distribution of grants and the allocation of services under this section. The Committee has reviewed the distribution of grants across various regions of the country and notes that nearly half of the total funding for the HCOP program in FY 1990 was awarded to schools in Southern states, and that ten states in the West and Northeast regions did not receive any HCOP funds at all. The Committee also notes that the 1989 HCOP Digest reports that of 13,000 students in HCOP programs, 76 percent are African Americans, 16 percent are Hispanics, three percent are American Indians or Alaska Natives, three percent Asian Americans or Pacific Islanders, and two percent disadvantaged Whites. Yet 1990 Census data indicate that a distribution in the program that was more reflective of the distribution of these groups in the general population woudl double the number of Hispanics and other ethnic groups participating in HCOP. The Committee commends the program for its success in bringing more African Americans into the health professions, but expects that every effort will be made to ensure that equal attention will be given to recruiting other racial and ethnic groups underrepresented in the health professions through this program. The Committee directs the Secretary to develop a plan to increase the number of Hispanics, Native Americans and underrepresented Asians, Pacific Islanders and disadvantaged Whites in the HCOP program, and is encouraged to work with community-based organizations that serve these populations to develop the appropriate relationships and community access to increase the numbers of these groups in HCOP. The Secretary is also directed to investigate and address the unequal distribution of grants across regions and States. The Committee will continue careful oversight on the achievement of these goals.

The HCOP program is reauthorized for two years in order to bring it into the same cycle of reauthorization as the other programs for disadvantaged individuals in Title 7.

Section 15 amends the category of special projects under Section 788. First, the language and authority for training in preventive medicine is transferred from 788(c) to Section 793, which is also an authority for training in preventive medicine but not currently funded. In doing this, the Committee intends that funding for preventive medicine programs continue uninterrupted.

Section 15 also repeals the program of grants for two-year programs of medical training, and replaces the program of grants for faculty and curriculum development with a grant authority for health professions research. Under the new authority the Secretary is directed to support research in the following areas: (1) The impact of student indebtedness on speciality choice and practice location; (2) The impact of minority health professional programs in majority schools on recruitment, retention, and practice choices of minority health personnel; (3) The effects of graduate medical education payments on the distribution of physican specialities; and (4) The effectiveness and variation of State licensing authorities in identifying problem providers and undertaking disciplinary actions.

Section 15 reauthorizes for three years the grant authority for programs for the training of physicians assistants in the redesig-

nated Section 788(a). The Committee notes the potential for physicians assistants to provide needed primary care health services in underserved areas where doctors are scarce, and urges the Secretary to continue giving preference to programs that require clinical clerkship rotations in underserved rural and urban areas and in a variety of non-hospital settings that offer primary care services.

Section 15 also reauthorizes for three years the program of primary care training for podiatric physicians.

Section 16 amends the program of AIDS training and education centers in Section 788A to include the training of faculty in marriage and family therapy to the list of eligible schools and graduate departments eligible to participate in the program. The Committee notes the recognition of marriage and family therapists as qualified mental health professionals by the National Institutes of Mental Health, the Health Resources and Services Administration, and the CHAMPUS health program of the Department of Defense. Given the inclusion of other mental health professionals for eligibility in the program, the Committee felt it was inconsistent to exclude marriage and family therapists.

The authorizations for both the AIDS centers and the dental schools program in Section 788 are extended for three years.

Section 17 amends Sections 787 and 788A to add graduate programs in medical social work to the list of eligible participants in these programs. It also amends Section 708(a) to include medical social workers in the list of health professionals on which the Secretary collects data, and defines in Section 701 graduate programs in medical social work.

Section 18 extends for three fiscal years the authorization of appropriations for geriatric education centers and geriatric training. $13.7 million is authorized for FY 1992, $14 million for FY 1993 and $15 million for FY 1994.

The Committee proposal also requires that geriatric training programs include the participation and faculty in optometry. While the Committee is supportive of efforts to integrate geriatrics into optometry curriculum, there are concerns that the pool of potential optometric fellows and optometry teaching faculty trained in geriatrics may be limited, making recruitment of well-qualified fellows and faculty difficult for some grantees. Therefore, a waiver provision has been added to allow for greater flexibility in the administration of this grant program. The Committee expects that grantees seeking a waiver will be required to demonstrate that they have made a good faith effort to comply with the requirements concerning optometry through various recruitment endeavors available at their institutions and at the national level.

The Committee proposal also enhances the involvement of psychiatrists in geriatric training. In the future, geriatric training programs must be staffed by physicians with experience or training in geriatric psychiatry.

The Committee proposal also eliminates the authority for one-year fellowship programs, as no such programs currently receive funding and it is now widely recognized that two years is the minimum amount of time needed for preparing to teach geriatric medicine or dentistry. For dentistry, the most qualified potential fellow for geriatric training is often someone who has trained in an area

outside the traditional specialities recognized by the Commission on Dental Accreditation. The Committee has addressed this by broadening the eligibility criteria to include dentists who have relevant advanced training or experience, as well as those who are training in one of the traditional dental specialities.

Section 19 makes technical changes to Section 790.

Section 20 amends the public health special projects under section 790A and then redesignates the authority as 792A. The authority is amended to allow the awarding special projects grants and contracts to schools of public health for the following purposes: (1) to establish educational programs at the schools consistent with meeting the health status objectives for the United States for the year 2000; (2) to recruit individuals for education in the health specialities for which more practitioners are needed to meet those objectives; and (3) to improve access to community-based health programs, including those providing preventive health services, especially to rural and urban populations that are medically undeserved. The Committee would urge the Secretary to give special consideration to projects that would improve access for those facing linguistic and cultural barriers to health care through both traditional and non-traditional settings, including training practitioners to better communicate with and treat such individuals.

Section 21 would authorize for one year the grants in Section 791 for graduate programs in health administration, and repeal the grant program effective October 1, 1992. The statute currently authorize the awarding of noncompetitive grants to any health administration program that meets certain conditions. In FY 1990, grants of approximately $41,857 were awarded to 35 such programs. The Committee believes that this money would be better spent on supporting students under the new guidelines in Section 791A. It is the Committee's intention that funds that would have been appropriated under Section 791 be incorporated into the appropriations made under the Section 791A health administration traineeship authority starting in FY 1993.

Section 22 amends the program of traineeships for graduate programs in health administration in Section 7791A to give priority to programs that emphasize employment with public or non-profit private entities. Also, those programs receiving grants must give priority to students who demonstrate a commitment to employment in public or non-public entities. The Committee is aware of the difficulties that the public and non-profit sector has competing for trained health administrators, planners and policy analysts. In particular, the Committee expects the Secretary to give priority to programs and students that emphasize on-site internships or traineeships in sites such as local, state, and Federal government health agencies; ambulatory clinics providing primary care services to undeserved populations such as Indian Health service or Native Hawaiian health centers, rural health centers, migrant health centers, a community health center or other non-profit community clinics, including free clinics; and public and non-profit service and research entities that focus on the health care needs of special populations.

Section 23 amends the public health traineeship program in Section 792 to award traineeships primarily to students preparing to

address the objectives set by the Secretary for the health status of the population of the United States for the year 2000. This would include (1) minority and disadvantaged students; (2) public health professionals reported to be in short supply, such as epidemiologists, environmental health professionals, toxicologists, biostatisticians, nutritionists, public health dentists and nurses, and physicians trained in public health and preventive medicine; and (3) students engaged in specialized training to work in the areas of AIDS prevention, substance abuse, infant mortality, injury prevention, toxic wastes, disease prevention, and the specific health status and access problems of minorities, the elderly, and those living in rural areas.

Section 24 extends for three fiscal years the authorization of appropriations for Allied Health Special Projects and places special emphasis upon the support for projects that will increase the supply of physical therapists, occupational therapists, and clinical laboratory personnel. $2 million is authorized for FY 1992, $2.5 million for FY 1993 and $3 million for FY 1994.

Section 25 extends for three fiscal years the authorization of appropriations for grants to training centers for allied health professions to provide traineeships or fellowships to students who plan to teach, conduct research or continue specialized study in an allied health discipline. The Committee proposal clarifies that assistance under this program is available for postgraduate but not doctoral studies. In making awards, the Committee expects the Secretary to give special consideration to proposals to meet the unique needs regarding the supply of physical therapists, occupational therapists, and clinical laboratory personnel.

Section 26 amends the Health Care for Rural Areas program in Section 799A by adding programs in marriage and family therapy to the list of eligible applicants. Again, the Committee notes the recognition of marriage and family therapists as mental health providers by various government agencies and notes in particular the shortage of mental health professionals in rural areas.

The section also deletes the authorization for the study in subsection (e) of Section 799A, and makes conforming amendments. The program is reauthorized for three years.

Section 27 provides for the repeal of various sections and subsections of Title 7. It repeals programs which have not received funding in several years: the loan repayment program for allied health personnel in Section 751, the Lister Hill Scholarship program in Section 759, the retention program for disadvantaged individuals in Section 787A, the program of educational assistance to disadvantaged individual in allied health, and the authorization of appropriations for the Council on Graduate Medical Education in Section 799(k). It also makes technical conforming amendments.

Section 28 revises and extends the various programs of the Nurse Education Act. The Committee continues to be concerned that despite an increase in nursing school enrollments, serious nursing shortages continue particularly in rural health care settings. As health care moves outside hospitals to community based sites, nurses, nurse practitioners, nurse midwives and other clinical specialists will be called upon to deliver a greater portion of, and more complex, services. To meet that need, the Committee proposal in-

creases the focus on advanced practice nursing and the delivery of primary care. Although at $60 million funding for the Nurse Education Act does not represent a major federal expenditure compared to budgets for secondary education or substance abuse, it provides critical support for developing innovations in nursing education which link teaching to practice and health care delivery.

Subsection (a) streamlines outdated or redundant special project authorities. Special projects are authorized at levels of $8, $9 and $10 million in fiscal years 1992–1994 respectively. The authorization of appropriations is reduced relative to fiscal year 1991 to facilitate increased support of mid-level traineeships for nurse midwives and nurse practitioners. The Committee proposal authorizes a new special project designed to provide education and training for nursing assistants and other paraprofessional nursing personnel to become licensed vocational or practical nurses. The Committee intends that this demonstration be coordinated with similar special projects to provide a comprehensive career development ladder for all categories of nursing personnel. The proposal is modeled in many respects after reports of the successful experience of New York City's Project LINC, "Ladders in Nursing Careers", which provide counseling services as well as tuition assistance to nursing students. The Committee believes that nursing providers and the professional nursing profession generally should look towards entry level nursing personnel as viable candidates to pursue educational opportunities to become professional nurses.

The Committee proposal also authorizes a new special project to provide nurses significant clinical training in identifying victims of domestic violence and in providing treatment for medical conditions arising from such violence. It is hoped that information developed from this project can be incorporated into the mainstream nursing curriculum.

Subsection (b) extends for three fiscal years the authorization of appropriations for advanced nurse education. Funding is authorized at levels of $8, $9, and $10 million in fiscal years 1992–1994 respectively. As with nursing special projects, the Committee has reduced the authorization of appropriations for this program below the fiscal year 1991 level to facilitate funding increases for expanding mid-level nursing programs for nurse practitioners, nurse midwives and nurse anesthetists. The Committee has also required that advanced nurse education funding be focused upon education at the master's level and that doctoral support be limited to an amount not to exceed 10% of available appropriations. In addition, the Committee proposal discontinues support for training of nurse researchers and other specialities that are more appropriately the responsibility of the Center for Nursing Research at the National Institutes of Health.

Subsection (c) extends for three fiscal years the authorization of appropriations for nurse practitioner and nurse midwife programs. Funding is authorized at levels of $17 million, $19 million and $21 million in fiscal years 1992–1994 respectively.

Subsection (d) extends for three fiscal years the authorization of appropriations for grants to provide nursing education opportunities for individuals from disadvantaged backgrounds. Funding is

authorized at levels of $4 million, $5 million and $6 million in fiscal years 1992-1994 respectively.

Subsection (e) extends for three fiscal years the authorization of appropriations for traineeships for advanced education of professional nurses. Funding is authorized at levels of $17 million, $19 million and $21 million for fiscal years 1992-1994 respectively. Consistent with the Committee's action reauthorizing programs of advanced nurse education, the proposal limits support for doctoral programs to no more than 10% of available appropriations and repeals support for traineeships in areas such as nursing research which are more appropriate responsibilities for the Center for Nursing Research. In addition, the Committee proposal requires that nursing traineeships provide recipients clinical experience in at least one of a series of priority practice settings.

Subsection (f) extends for three fiscal years the authorization of appropriations for the costs of traineeships and the development of programs to train nurse anesthetists. Certified registered nurse anesthetists (CRNA) play a unique role in the provision of health care in rural areas. CRNAs are the sole anesthesia providers in 85 percent of rural hospitals and enable these facilities to provide obstetrical, surgical and trauma stabilization services that otherwise could not be provided. Critical shortages of nurse anesthetists are projected by the year 2000. In increasing the authorization, the Committee expects that the additional funds be used to support establishment of new nurse anesthesia traineeships and the expansion and establishment of new nurse anesthesia education programs. Funding is authorized at levels of $3 million, $4 million and $5 million in fiscal years 1992-1994 respectively. In authorizing a program of grants, the Committee has placed the highest priority upon traineeship programs whose participants will gain significant experience in providing health services at rural hospitals or rural clinics.

Subsection (g) extends for three fiscal years the authorization of appropriations for a program of loan repayment for nursing student loans of individuals who agree to practice for at least two years in specified health facilities. $5 million, $6 million and $7 million is authorized for fiscal years 1992-1994 respectively.

Subsection (h) makes a technical amendment to clarify that funds returned to the Secretary from the nursing student loan program that are not reallocated to schools shall be used for the purpose of repaying nursing student loans under section 836(h).

Subsection (i) repeals the undergraduate nursing scholarship program. The Committee is concerned that although $75 million was authorized for this activity since fiscal year 1989, less than $3 million was appropriated for this activity in FY 1991. The Committee notes that scholarship funding is currently available for nursing students under section 760 of the Public Health Service Act (Assistance for Students From Disadvantaged Backgrounds). Under this new program, 30 percent of available appropriations are made available in the form of scholarships for nursing students. In view of funding now available under the new section 760 program and the historically low appropriations available for the section 841 program, the Committee believes available funds can be better utilized in other nursing education programs.

Section 29 directs the Secretary of Health and Human Services to conduct a study relating to the shortage of clinical laboratory technologists, and to make recommendations to Congress on measures to increase the supply of such individuals. The Committee is concerned about reports of a nationwide shortage of clinical laboratory technologists, and the adverse impact it may have on rural and other underserved areas. Clinical laboratories in rural areas have reported significant difficulty in filling vacancies, resulting in a vacancy rate of 25 percent in some States—twice the national average.

The Committee recognizes the need to ensure that individuals performing laboratory tests meet appropriate standards. However, as a result of the special circumstances in rural and other underserved areas, it may be necessary to consider alternative mechanisms to determine the competency of clinical laboratory technologists in order to alleviate the shortage of such individuals.

In carrying out this study, the Committee expects the Secretary to consider the need for and appropriateness of alternative mechanisms for increasing the supply of clinical laboratory technologists, including certification through a competency-based examination administered by the Secretary and formal recognition of private certifying entities.

With respect to use of a competency-based examination, the study should examine the feasibility and cost of developing a validated examination that can accurately measure competency; the amount and type of postsecondary education and experiences needed to qualify for such an examination; whether experience alone can be substituted for formal educational requirements; and what role private certifying entities should play in the development and administration of such an examination.

With respect to recognition of private certifying entities, the study should consider what criteria are appropriate in the evaluation of private certification programs; the need for uniformity of certifying standards among private entities; the role of State licensure programs; and the process for assuring that recognized entities continued to perform in compliance with the appropriate criteria.

Section 30 provides for establishment of a National Advisory Council for Monitoring of the American Medical Association's System for Verification of Physician Credentials.

The issue of the medical educational and clinical qualifications of International Medical Graduates has been a major topic within organized medicine and among relevant federal agencies.

The Committee is aware of the challenges faced by International Medical Graduates in initial U.S. medical licensure, the process of licensure by endorsement, and the process of obtaining medical residency training opportunities.

A 1990 report prepared by the General Accounting Office at the Committee's request demonstrated that many states do maintain different requirements for the process of licensure by endorsement, the process in which a licensed physician can move from one state

to practice in another state.[2] In many cases, a state will allow a licensed physician who attended a U.S. medical school to obtain a license in that state by the process of endorsement. However, those same states place additional requirements upon graduates of international medical schools although these individuals have met all requirements for initial medical licensure in the United States, completed the appropriate licensure exams and clinical training, and are in fact licensed in one or more states.

Because different requirements exist, and there is a lengthy process involved for International Medical Graduates and some Domestic Medical Graduates to move from state to state, the American Medical Association moved to establish a verification system to maintain information about an individual's medical education and training to help facilitate and expedite the process when a physician applies for licensure in a different state.

To address concerns over the objectivity of a privately operated verification system, the Committee proposal establishes an Advisory Council within the Department of Health and Human Services to monitor the implementation and operation of the AMA verification system and to develop and make recommendations regarding the manner in which the operation can be improved, including as appropriate making recommendations for the establishment of nondiscriminatory policies and practices for the operation of the system. The Advisory Council will also determine the extent to which the system has expedited or otherwise improved the efficiency and equitable operation of the process of licensure by endorsement. In addition, the Advisory Council will also review policies, practices and laws of states in licensing international and domestic medical graduates, determine the effects of these policies, and consult with state authorities that license individuals to practice medicine to recommend non-discriminatory practices in initial licensure and licensure by endorsement.

The Committee hopes that the deliberations of the proposed Advisory Council will promote greater dialog between the relevant organizations concerned with the development of policies and practices affecting International Medical Graduates seeking initial licensure, licensure by endorsement, residency training, or public and private sector health care career opportunities.

During fiscal year 1996, the HHS Secretary, in consultation with the Council, will make a determination whether the private verification system is operating with a reasonable degree of efficiency and that the practices of the system are nondiscriminatory. If the Secretary determines that the system fails to meet either of the aforementioned criteria, the Secretary will develop and submit to Congress a plan for the establishment of a federally operated system. Such plan is to be submitted to Congress not later than December 31, 1997.

The Committee proposal also contains provisions that require the Secretary to conduct an annual study of not fewer than ten states for the purpose of determining the average length of time for processing licensure applications for Domestic and International Medi-

[2] "Medical Licensing By Endorsement, Requirements Differ for Graduates of Foreign and U.S. Medical Students," General Accounting Office, GAO/HRD-90-120, May 1990.

cal Graduates, and the reasons for any significant differences. The study will also determine the percentage of approved licensure applications for domestic and international medical graduates, and any reasons for these differences. These findings will be reported to Congress annually.

The Council will terminate upon the expiration of the 30-day period beginning on the date on which the final report to Congress is submitted.

The authority of the Council is limited, but this limitation should not be viewed as affecting the Committee's historic and ongoing concern that the credentialing process be used, not merely to approve competent physicians but to exclude from practice those who are not competent including those who through prior conduct have demonstrated a lack of competency. Regrettably, current State licensing processes have in many instances failed to effectively discipline and deny licensure to those unqualified to practice medicine.

Subsection (d) of the Committee proposal includes a "Sense of the House of Representatives" policy statement that maintains that hospitals and other health care facilities that operate medical residency training programs should not refuse to consider applications to their programs solely on the basis that the applications are from individuals who are International Medical Graduates. The Committee believes that applications for medical licensure and residency positions be considered based on individual competency and the quality of an individual's education rather than the geographic location of an applicant's medical school.

Agency Views

The Committee has not received a statement from the Department of Health and Human Services on this legislation.

Changes in Existing Law Made by the Bill, as Reported

In compliance with clause 3 of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

Public Health Service Act

* * * * * * *

TITLE VII—HEALTH RESEARCH AND TEACHING FACILITIES AND TRAINING OF PROFESSIONAL HEALTH PERSONNEL

Part A—General Provisions

DEFINITIONS

SEC. 701. For purposes of this title:

(1) * * *

* * * * * * *

(4) The terms "school of medicine", "school of dentistry", "school of osteopathic medicine", "school of pharmacy",

"school optometry", "school of podiatric medicine", "school of veterinary medicine", "school of public health", and "school of chiropractic" mean an accredited public or nonprofit private school in a State that provides training leading, respectively, to a degree of doctor of medicine, a degree of doctor of dentistry or an equivalent degree, a degree of doctor of osteopathy, a degree of bachelor of science in pharmacy or an equivalent degree, a degree of doctor of optometry or an equivalent degree, a degree of doctor of podiatric medicine or an equivalent degree, a degree of doctor of veterinary medicine or an equivalent degree, a graduate degree in public health or an equivalent degree, a degree of doctor of chiropractic or an equivalent degree, and including advanced training related to such training provided by any such school. The term "graduate program in health administration" means an accredited graduate program in a public or nonprofit private institution in a State that provides training leading to a graduate degree in health administration or an equivalent degree. The term "graduate program in clinical psychology" means an accredited graduate program in a public or nonprofit private institution in a State which provides training leading to a doctoral degree in clinical psychology or an equivalent degree. *The term "graduate program in medical social work" means an accredited graduate program in a public or nonprofit private institution in a State which provides training leading to a graduate degree in social work and which in providing such training emphasizes the provision of social services related to health care or mental health care. The term "medical social work" means the provision of such social services, and the term "medical social worker" means an individual who provides such social services.*

(5) The term "accredited", when applied to a school of medicine, osteopathic medicine, dentistry, veterinary medicine, optometry, podiatry, pharmacy, public health, or chiropractic, a graduate program in health administration, or a graduate program [in clinical psychology,] *in clinical psychology or medical social work;* means a school or program that is accredited by a recognized body or bodies approved for such purpose by the Secretary of Education, except that a new school or program that, by reason of an insufficient period of operation, is not, at the time of application for a grant or contract under this title, eligible for accreditation by such a recognized body or bodies, shall be deemed accredited for purposes of this title, if the Secretary of Education finds, after consultation with the appropriate accreditation body or bodies, that there is reasonable assurance that the school or program will meet the accreditation standards of such body or bodies prior to the beginning of the academic year following the normal graduation date of the first entering class in such school or program.

* * * * * * *

HEALTH PROFESSIONS DATA

SEC. 708. (a) The Secretary shall establish a program, including a uniform health professions data reporting system, to collect, com-

pile, and analyze data on health professions personnel which program shall initially include data respecting and physicians and dentists in the States. The Secretary is authorized to expand the program to include, whenever he determines it necessary, the collection, compilation, and analysis of data respecting pharmacists, optometrists, podiatrists, veterinarians, public health personnel, audiologists, speech pathologists, health care administration personnel, nurses, allied health personnel, medical technologists, chiropractors, clinical psychologists, *medical social workers* and any other health personnel in States designated by the Secretary to be included in the program. Such data shall include data respecting the training, licensure status (including permanent, temporary, partial, limited, or institutional), place or places of practice, professional specialty, practice characteristics, place and date of birth, sex, and socio-economic background of health professions personnel and such other demographic information regarding health professions personnel as the Secretary may require.

* * * * * * *

PRIORITIES IN PROVISIONS OF GRANTS AND CONTRACTS

SEC. 711. (a) PRIORITIES REGARDING PRIMARY HEALTH SERVICES.—

(1) IN GENERAL.—In the case of any entity that is an applicant for financial assistance under any provision of this title (other than any provision specified in paragraph (2)), the Secretary shall in providing the assistance give priority to the applicant if, subject to subsections (b) and (c)—

(A) a substantial percentage of the providers who have completed the programs of the applicant for training in the health or allied health professions are providing primary health services to a substantial number of medically underserved individuals; or

(B) the applicant has established policies in such programs that may reasonably be expected to result in the circumstance that a substantial percentage of the participants in the programs will upon completion of the programs provide such services to a substantial number of such individuals.

(2) EXEMPTED PROGRAMS.—The provisions specified in this paragraph are sections 708, 788(c), and 794.

(b) ADDITIONAL REQUIREMENT FOR MEDICAL SCHOOLS.—In the case of any school of medicine or osteopathic medicine that is an applicant described in subsection (a), the Secretary shall in providing the assistance give priority under such subsection to the applicant only if, in addition to the requirement established in such subsection—

(1) the applicant has a department, division, or other academic administrative unit to provide clinical instruction in family medicine; and

(2) the applicant requires, as a condition of receiving a degree from the school, that each student of the school have had significant clinical training in family medicine by the end of the third year of the curriculum.

(c) ADDITIONAL REQUIREMENT FOR RESIDENCY PROGRAMS.—In the case of any entity that has a residency program and that is an applicant described in subsection (a), the Secretary shall in providing the assistance give priority under such subsection to the applicant only if, in addition to the requirement established in such subsection, a substantial percentage of the individuals completing the residency program have had, through participation in the program—

(1) significant experience in providing primary health services to medically underserved individuals; or

(2) significant experience in providing such services in ambulatory health facilities.

(d) RULE OF CONSTRUCTION.—In the case of the provision by the Secretary of financial assistance described in subsection (a)—

(1) the requirements established in this section regarding receipt of the assistance are in addition to the requirements of the program authorizing the provision of the assistance; and

(2) this section may not be construed as authorizing the Secretary to provide such assistance to any entity that would not have been eligible for the assistance had this section not been enacted.

(e) DEFINITIONS.—For purposes of this section:

(1) The term "financial assistance" means a grant, cooperative agreement, or contract.

(2) The term "medically underserved individuals" means individuals who are members of a medically underserved population, as defined in section 330(b).

(3) The Term "primary health services" has the meaning given such term in section 331(a).

(4) The Term "providers" means individuals who are practitioners in the health or allied health professions.

* * * * * * *

PART C—STUDENT ASSISTANCE

Subpart I—Federal Program of Insured Loans to Graduate Students in Health Professions Schools

* * * * * * *

SCOPE AND DURATION OF FEDERAL LOAN INSURANCE PROGRAM

SEC. 728. (a) The total principal amount of new loans made and installments paid pursuant to lines of credit (as defined in section 737) to borrowers covered by Federal loan insurance under this subpart shall not exceed $500,000,000 for the fiscal year ending September 30, 1978; $510,000,000 for the fiscal year ending September 30, 1979; $520,000,000 for the fiscal year ending September 30, 1980; and $200,000,000 for the fiscal year ending September 30, 1982; $225,000,000 for the fiscal year ending September 30, 1983; $250,000,000 for the fiscal year ending September 30, 1984; $250,000,000 for the fiscal year ending September 30, 1985; $275,000,000 for the fiscal year ending September 30, 1986; $290,000,000 for the fiscal year ending September 30, 1987; $305,000,000 for the fiscal year ending September 30, 1988; $325,000,000 for the fiscal year 1989; $375,000,000 for fiscal year

1990; [and] $400,000,000 for fiscal year 1991; *$365,000,000 for fiscal year ending September 30, 1992; $425,000,000 for fiscal year 1993; and $475,000,000 for fiscal year 1994*. If the total amount of new loans made and installments paid pursuant to lines of credit in any fiscal year is less than the ceiling established for such year, the difference between the loans made and installments paid and the ceiling shall be carried over to the next fiscal year and added to the ceiling applicable to that fiscal year, and if in any fiscal year no ceiling has been established, any difference carried over shall constitute the ceiling for making new loans (including loans to new borrowers) and paying installments for such fiscal year. Thereafter, Federal loan insurance pursuant to this subpart may be granted only for loans made (or for loan installments paid pursuant to lines of credit) to enable students, who have obtained prior loans insured under this subpart, to continue or complete their educational program or to obtain a loan under section 731(a)(1)(B) to pay interest on such prior loans; but no insurance may be granted for any loan made or installment paid after September 30, [1994] *1997*, and for the next fiscal year. The total principal amount of Federal loan insurance available under this subsection shall be granted by the Secretary without regard to any apportionment for the purpose of chapter 15 of title 31, United States Code, and without regard to any similar limitation.

* * * * * * *

ELIGIBILITY OF STUDENT BORROWERS AND TERMS OF FEDERALLY INSURED LOANS

SEC. 731. (a) A loan by an eligible lender shall be insurable by the Secretary under the provisions of this subpart only if—

(1) * * *

(2) evidenced by a note or other written agreement which —

(A) * * *

(B) provides for repayment of the principal amount of the loan in installments over a period of not less than 10 years (unless sooner repaid) nor more than 25 years beginning not earlier than 9 months nor later than [12] *21* months after the date of—

(i) * * *

* * * * * * *

CERTIFICATE OF FEDERAL LOAN INSURANCE—EFFECTIVE DATE OF INSURANCE

SEC. 732. (a) * * *

* * * * * * *

(c)(1) The Secretary shall, pursuant to regulations, charge for insurance on each loan under this subpart a premium in an amount not to exceed [8] *13* percent of the unpaid principal amount of such loan (excluding interest added to principal), payable in advance at the time the loan is made and in such manner as may be prescribed by the Secretary. *In charging premiums pursuant to such regulations, the Secretary may charge a different percentage*

for each of the health professions specified in section 737(1), subject to the limitation established international preceding sentence. Such regulations may provide that such premium shall not be payable, or if paid shall be refundable, with respect to any period after default in the payment of principal or interest or after the borrower has died or become totally and permanently disabled, if (A) notice of such default or other event has been duly given, and (B) requests for payment of the loss insured against has been made or the Secretary has made such payment on his own motion pursuant to section 733(a).

* * * * * * *

DEFAULT OF BORROWER UNDER FEDERAL LOAN INSURANCE PROGRAM

SEC. 733. (a) * * *

* * * * * * *

[(i) The Secretary may establish reasonable limits for default rates for borrowers in each of the health professions identified in section 737(1). If the eligible institutions within any of the health professions, taken as a group, exceed such limits, the Secretary may suspend, terminate, or otherwise restrict the eligibility of such groups of schools for borrowing under this section.]

(i)(1) In the case of any Federal insurance under this subpart for loans entering repayment status after April 7, 1987, the Secretary may impose on eligible institutions, eligible lenders, and holders reasonable limits on default rates for borrowers on the loans.

(2)(A) If any limit under paragraph (1) for an eligible institution is exceeded, the Secretary may suspend, terminate, or otherwise restrict the authority established in this subpart for students of the institution to obtain insured loans.

(B) If any limit under paragraph (1) for an eligible lender is exceeded, the Secretary may suspend, terminate, or otherwise restrict the authority established in this subpart for students to obtain insurance for loans made by the lender.

(C) If any limit under paragraph (1) for a holder is exceeded, the Secretary may suspend, terminate, or otherwise restrict the authority established in this subpart for the holder to purchase loans that are insured under this subpart.

(3)(A) In the case of eligible institutions, the limitation imposed under paragraph (1) shall be applied individually to the health professions specified in section 737(1). If the limit is exceeded by a health professions school of an eligible institution, the Secretary may take action under paragraph (2) against the institution only with respect to loans for attending such school.

(B) Subparagraph (A) may not be construed to authorize the Secretary to establish different limits under paragraph (1) for each of the health professions specified in section 737(1). Only a single limitation may be in effect under such paragraph, and the limitation shall be uniformly applied.

(4) As used in paragraph (1), the term "default rate", in the case of an eligible entity, means the percentage constituted by the ratio of—

(A) the principal amount of loans insured under this subpart—

(i) that are made with respect to the entity and enter repayment status after April 7, 1987; and

(ii) for which amounts have been paid under subsection (a) to insurance beneficiaries, exclusive of any loans for which amounts have been so paid as a result of the death or total and permanent disability of the borrowers on the loans, and exclusive of any loans for which amounts have been so paid and have been recovered or are being recovered by the Secretary pursuant to subsection (b) or may not be recovered by reason of the obligation under the loan being discharged in bankruptcy under title 11 of the United States Code; to

(B) the total principal amount of loans insured under this subpart that are made with respect to the entity and enter repayment status after April 7, 1987.

(5) For purposes of this subsection, a loan insured under this subpart shall be considered to have entered repayment status if the applicable period described in subparagraph (B) of section 731(a)(2) regarding the loan has expired (without regard to whether any period described in subparagraph (C) is applicable regarding the loan).

(6)(A) As used in this subsection, the term "eligible entity" means an eligible institution, an eligible lender, or a holder, as the case may be.

(B) For purposes of paragraph (4), a loan is made with respect to an eligible entity if—

(i) in the case of an eligible institution, the loan was made to students of the institution;

(ii) in the case of an eligible lender, the loan was made by the lender; and

(iii) in the case of a holder, the loan was purchased by the holder.

(7) As used in this subsection, the term "holder" means an entity that has purchased a loan insured under this subpart.

OFFICE OF STUDENT LOAN DEBT COLLECTION

SEC. 733A. (a) IN GENERAL.—There is established within the Division of Student Assistance of the Health Resources and Services Administration an office to be known as the Office on Student Loan Debt Collections (hereafter in this section referred to as the "Office"), which shall be headed by a director appointed by the Secretary. The Secretary shall carry out this section acting through the Director of the Office

(b) PURPOSES.—The Director of the Office shall—

(1) coordinate efforts within the Department of Health and Human Services and the Department of Justice to recover, pursuant to section 733(b), payments from health professionals who have defaulted on loans that are insured under this subpart;

(2) in cooperation with the Secretary of Education, develop a uniform deferral form or a process that will ensure coordination in deferment certification requirements for in-school, residency, and internship deferments;

(3) provide advice to eligible lenders, eligible institutions, and holders on the availability under section 731(a)(2)(C) of deferrals of the obligation to make payments on loans that are insured under this subpart, and of the provisions of this subpart that relate to collection of the principal and interest due on the loans;

(4) assist students in avoiding default by making information on loan deferments, forbearance, and correction of default readily available; and

(5) directly or through the provision of grants or contracts to public or nonprofit entities, carry out projects designed to reduce the extent of defaults on loans insured under this subpart.

(c) ANNUAL REPORT.—The Director of the Office shall annually submit to the Congress a report specifying—

(1) the total amounts recovered pursuant to section 733(b) during the preceding fiscal year; and

(2) a plan for improving the extent of such recoveries during the current fiscal year.

* * * * * * *

DEFINITIONS

SEC. 737. As used in this subpart:

(1) * * *

* * * * * * *

(5) The term "default rate", with respect to loans under this subpart, has the meaning given such term in section 933(i).

* * * * * * *

Subpart II—Students Loans

* * * * * * *

AUTHORIZATION OF APPROPRIATIONS

SEC. 742. (a) * * *

(b)(1) * * *

* * * * * * *

(5) Any funds from a student loan fund established under this subpart which are returned to the Secretary in any fiscal year shall be available for allotment under this subpart, in such fiscal year and the fiscal year succeeding such fiscal year, to schools which, during the period beginning on July 1, 1972, and ending on September 30, 1985, established student loan funds with Federal capital contributions under this subpart. *Funds described in the preceding sentence shall not be available for any purpose other than allotment under this subpart.*

* * * * * * *

[Subpart III—Loan Repayment Program for Allied Health Personnel

[SEC. 751. ESTABLISHMENT OF PROGRAM.

[(a) IN GENERAL.—The Secretary shall establish a program of entering into agreements with allied health personnel and with allied health professions students under which such individuals agree, in consideration of the agreement described in subsection (b) (relating to loan repayment), to serve as an allied health professional for a period of not less than two years in an Indian Health Service health center, in a Native Hawaiian health center, in a rural health facility that is a sole community provider, in any other rural hospital, in a rural home health agency, in a rural or urban hospital that serves a substantial number of patients pursuant to title XIX of the Social Security Act, in a private nursing facility 60 percent of whose patients are patients pursuant to title XIX of such Act, in a public nursing facility, in a migrant health center, in a community health center, or in a health facility determined by the Secretary to have a critical shortage of nurses.

[(b) PAYMENTS BY FEDERAL GOVERNMENT.—The agreement referred to in subsection (a) is an agreement, made by the Federal Government in consideration of the agreement described in paragraph (1) with respect to service as an allied health professional, under which the Federal Government agrees to pay—

[(1) for the first year of such service, 30 percent of the balance of the principal and interest of the educational loans of the individual;

[(2) for the second year of such service, 30 percent of such balance; and

[(3) for the third year of such service, 25 percent of such balance.

[(c) ADMINISTRATION.—With respect to the National Health Service Corps Loan Repayment Program established in subpart III of part D of title III, the provisions of such subpart shall, except as inconsistent with this section, apply to the program established in this section in the same manner and to the same extent as such provisions apply to the National Health Service Corps Loan Repayment Program established in such subpart.

[(d) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $2,000,000 for each of the fiscal years 1989 through 1991.

[Subpart IV—National Health Service Corps Scholarships]

Subpart [V] *III*—Other Scholarships

SEC. 758. (a) * * *

* * * * * * *

(d) For the purpose of making grants under this section, there is authorized to be appropriated $16,000,000 for the fiscal year ending September 30, 1978, $17,000,000 for the fiscal year ending September 30, 1979, $18,000,000 for the fiscal year ending September 30, 1980, $6,000,000 for the fiscal year ending September 30, 1982, $6,500,000 for the fiscal year ending September 30, 1983, $7,000,000

for the fiscal year ending September 30, 1984, $7,000,000 for the fiscal year ending September 30, 1986, $7,000,000 for the fiscal year ending September 30, 1987, $7,000,000 for the fiscal year ending September 30, 1988, $7,300,000 for fiscal year 1989, $30,000,000 for fiscal year 1990, [and] $30,000,000 for fiscal year 1991, *$9,760,000 for fiscal year 1992, $11,000,000 for fiscal year 1993, and $13,000,000 for fiscal year 1994*.

[LISTER HILL SCHOLARSHIP PROGRAM

[SEC. 759. (a) The Secretary annually shall make grants to at least 10 individuals (to be known as Lister Hill scholars) for scholarships of up to $8,000 per year for up to four years of medical school if such individuals agree to enter into the family practice of medicine in a health professional shortage area in accordance with this section. Grants made under this section shall be made only from funds appropriated under subsection (b).

[(b) There are authorized to be appropriated to carry out the purposes of this section $80,000 for the fiscal year ending September 30, 1977, $160,000 for the fiscal year ending September 30, 1978, $240,000 for the fiscal year ending September 30, 1979, and $320,000 for the fiscal year ending September 30, 1980. For the fiscal year ending September 30, 1981, and for each succeeding fiscal year, there are authorized to be appropriated such sums as may be necessary to continue to make such grants to students who (prior to October 1, 1980) have received such a grant under this section during such succeeding fiscal year.]

Subpart [VI] *IV*—Assistance for Students From Disadvantaged Backgrounds

SEC. 760. GRANTS FOR SCHOLARSHIPS AND OTHER PURPOSES.

(A) * * *

* * * * * * * *

(C) PREFERENCES IN PROVIDING SCHOLARSHIPS.—The Secretary may not make a grant under subsection (a) unless the health professions school involved agrees that, in providing scholarships pursuant to the grant, the school will give preference to students—

(1) who are from disadvantaged backgrounds; [or] *and*

* * * * * * * *

(g) FUNDING.—

(1) AUTHORIZATION OF APPROPRIATIONS.—To carry out subsection (a), there are authorized to be appropriated $17,000,000 for fiscal year 1991, [and such sums as may be necessary for each of the fiscal years 1992, and 1993.] *$17,000,000 for fiscal year 1992, and $17,000,000 for fiscal year 1993.*

* * * * * * * *

SEC. 761. LOAN REPAYMENT PROGRAM REGARDING SERVICES ON FACULTIES OF CERTAIN HEALTH PROFESSIONS SCHOOLS.

(a) * * *

* * * * * * * *

(d) ADDITIONAL LIMITATION ON AMOUNT OF REPAYMENTS. [Payments made by the Secretary under subsection (a)]—*Payments made under this section regarding the educational loans of an individual may not, for any year for which the payments are made, exceed an amount equal to* [50 percent of the principal and interest due on such loans for such year.] *20 percent of the outstanding principal and interest on the loans.*

(e) REQUIREMENTS REGARDING FACULTY POSITIONS.—The Secretary may not enter into a contract under subsection (a) unless—

(1) the individual involved has entered into a contract with a school described in subsection (c) to serve as a member of the faculty of the school for not less than 2 years, *and the individual has not been a member of the faculty of any school at any time during the 18-month period preceding the date on which the Secretary receives the request of the individual for a contract under subsection (a);* and

* * * * * * *

PART F—GRANTS AND CONTRACTS FOR PROGRAMS AND PROJECTS

PROJECT GRANTS FOR ESTABLISHMENT OF DEPARTMENTS OF FAMILY MEDICINE

SEC. 780. (a) * * *

* * * * * * *

[(d) For the purpose of carrying out this section, there are authorized to be appropriated $10,000,000 for the fiscal year ending September 30, 1978, $15,000,000 for the fiscal years ending September 30, 1979, $20,000,000 for the fiscal year ending September 30, 1980, $10,000,000 for the fiscal year ending September 30, 1982, $10,500,000 for the fiscal year ending September 30, 1983, $11,000,000 for the fiscal year ending September 30, 1984, $7,000,000 for the fiscal year ending September 30, 1986, $7,000,000 for the fiscal year ending September 30, 1987, $7,000,000 for the fiscal year ending September 30, 1988, and $7,000,000 for each of the fiscal years 1989 through 1991.]

(d)(1) For the purpose of carrying out this section, there is authorized to be appropriated $6,830,000 for fiscal year 1992.

(2) Effective October 1, 1992, this section is repealed.

AREA HEALTH EDUCATION CENTERS

SEC. 781. (a)(1) *(A)* The Secretary shall enter into contracts with schools of medicine and osteopathic medicine for the planning, development, and operation of area health education center programs.

(B) In the case of an area health education center developed with a contract under paragraph (1), the period during which the center receives payments under the contract may not exceed 6 years. the provision of the payments shall be subject to annual approval by the Secretary of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments. The preceding sentence may not be construed to establish a limitation on

the number of contracts under such paragraph that may be made for the center.

* * * * * * *

(3)(A) In the case of any school of medicine or osteopathic medicine that is operating an area health education center program and that is not receiving assistance under paragraph (1), the Secretary may enter into a contract with the school for the costs of operating the program if—

(i) the school makes the agreements described in subparagraphs (B) and (C); and

(ii) the program meets the requirements of each of subsections (b) through (d).

(B)(i) For purposes of subparagraph (A), the agreement described in this subparagraph for a school is that, with respect to the costs of operating the area health education center program of the school, the school will make available (directly or through donations from public or private entities) non-Federal contributions in cash toward such costs in an amount that is not less than $1 for each $1 of Federal funds provided through the contract under subparagraph (A).

(ii) Amounts provided by the Federal Government may not be included in determining the amount of non-Federal contributions in cash made for purposes of the requirement established in clause (i).

(C) For purposes of subparagraph (A), the agreement described in this subparagraph for a school is that, in operating the area health education program of the school, the school will—

(i) coordinate the activities of the program with the activities of any office of rural health established by the State or States in which the program is operating;

(ii) carry out any responsibilities in the area served by the program that the Secretary (after consultation with appropriate State or local officials) determines are appropriate for the program with respect to—

(I) activities of the National Health Service Corps; and

(II) activities of public and nonprofit private providers of health care, including any entities funded under section 329 or 330 and including local health departments; and

(iii) will cooperate with any entities that are in operation in the area served by the program and that receive Federal or State funds to carry out activities regarding the recruitment and retention of health care providers.

(D) In providing contracts under subparagraph (A), the Secretary may authorize the school involved to expend the amounts provided in the contract for demonstration projects that the Secretary has determined are appropriate for the area health education center program operated by the school. Projects that may be authorized for purposes of the preceding sentence include—

(i) the establishment of computer-based information programs or telecommunication networks that will link health science centers and service delivery sites;

(ii) the provision of disease specific educational programs for health providers and students in areas of concern to the United States;

(iii) the development of information dissemination models to make available new information and technologies emerging from biological research centers to the practicing medical community;

(iv) the institution of new minority recruitment and retention programs, targeted to improved service delivery in areas the program determines to be medically underserved;

(v) the establishment of State health service corps programs to place physicians from health manpower shortage areas into similar areas to encourage retention of physicians and to provide flexibility to States in filling positions in health professional shortage areas; and

(vi) the establishment or improvement of education and training programs for State emergency medical systems.

(E) The aggregate amount of contracts provided under subparagraph (A) to schools in a State for a fiscal year may not exceed the lesser of—

(i) $2,000,000; and

(ii) an amount equal to the product of $250,000 and the aggregate number of centers operated in the State by the schools.

(b)*(1)* An area health education center program shall be a cooperative program of one or more medical (M.D. and D.O.) schools and one or more nonprofit private or public area health education centers.

(2) A school may not receive a contract under any of paragraphs (1) through (3) of subsection (a) unless the area health education program for which the contract is to be provided—

(A) maintains preceptorship educational experiences for health science students;

(B) affiliates with community-based primary care residency programs;

(C) coordinates with continuing education programs for health professionals;

(D) maintains learning resource and dissemination systems for information identification and retrieval;

(E) has agreements with community-based organizations for the delivery of services supported under this authority;

(F) is involved in the training of nurses, allied and other health professionals and, where consistent with State laws, nurse practitioners and physicians assistants; and

(G) carries out recruitment programs for health science professions among minority and other elementary or secondary students from areas the program has determined to be medically underserved.

* * * * * * *

(h)(1) For the purpose of carrying out this section other than subsection (f), there are authorized to be appropriated $20,000,000 for the fiscal year ending September 30, 1978, $30,000,000 for the fiscal year ending September 30, 1979, $40,000,000 for the fiscal year ending September 30, 1980, $21,000,000 for the fiscal year ending September 30, 1982, $22,500,000 for the fiscal year ending September 30, 1983, $24,000,000 for the fiscal year ending September 30, 1984, $18,000,000 for the fiscal year ending September 30, 1986,

$18,000,000 for the fiscal year ending September 30, 1987, $18,000,000 for the fiscal year ending September 30, 1988, $18,700,000 for the fiscal year 1989, [and] $20,000,000 for each of the fiscal years 1990 and 1991, *$19,200,000 for fiscal year 1992, $19,200,000 for fiscal year 1993, and $18,500,000 for fiscal year 1994.* The Secretary shall obligate not more than 10 percent of the amount appropriated under this subsection for any fiscal year for contracts under subsection (a)(2).

(2) For the purpose of carrying out subsection (f), there are authorized to be appropriated $4,000,000 for fiscal year 1989, $8,000,000 for fiscal year 1990, [and] $12,000,000 for fiscal year 1991, *$4,000,000 for fiscal year 1993, and $6,000,000 for fiscal year 1994.*

(3) For the purpose of carrying out subsection (a)(3), there are authorized to be appropriated $800,000 for fiscal year 1992, $2,800,000 for fiscal year 1993, and $5,500,000 for fiscal year 1994.

PROGRAMS OF EXCELLENCE IN HEALTH PROFESSIONS EDUCATION FOR MINORITIES

SEC. 782. (a) * * *

* * * * * * * *

(g) DEFINITIONS.—For purposes of this section:

(1)(A) The term "health professions school" means, except as provided in subparagraph (B), a school of medicine, *a school of osteopathic medicine,* a school of dentistry, or a school of pharmacy.

* * * * * * * *

(h) FUNDING.—

(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of making grants under subsection (a), there are authorized to be appropriated such sums as may be necessary [for each of the fiscal years 1991 through 1993.] *for fiscal year 1991, $15,000,000 for fiscal year 1992, and $16,000,000 for fiscal year 1993.*

* * * * * * * *

GRANTS FOR TRAINING, TRAINEESHIPS, AND FELLOWSHIPS IN GENERAL INTERNAL MEDICINE AND GENERAL PEDIATRICS

SEC. 784. (a) The Secretary may make grants to and enter into contracts with schools of medicine and osteopathic medicine, public or private nonprofit hospital, or any other public or private nonprofit entity to meet the costs of projects—

[(1) to plan, develop, and operate approved residency training programs in internal medicine or pediatrics, which emphasize the training of residents for the practice of general internal medicine or general pediatrics (as defined by the Secretary in regulations);

[(2) which provide financial assistance (in the form of traineeships and fellowships) to residents who are participants in any such program, and who plan to specialize or work in the practice of general internal medicine or general pediatrics;]

(1) to plan, develop, and operate, or participate in, an approved professional training program (including an approved residency or internship program) in the field of internal medicine or pediatrics for medical (M.D. and D.O.) students, interns (including interns in internships in osteopathic medicine), residents, or practicing physicians, which training program emphasizes training for the practice of general internal medicine or general pediatrics (as defined by the Secretary in regulations);

(2) to provide financial assistance (in the form of traineeships and fellowships) to medical (M.D. and D.O.) students, interns (including interns in internships in osteopathic medicine), residents, practicing physicians, or other medical personnel, who are in need thereof, who are participants in any such program training program, and who plan to specialize in or work in the practice of general internal medicine or general pediatrics;

(3) to plan, develop, and operate a program for the training of physicians who plan to teach in a general internal medicine or general pediatrics training program; [and]

(4) which provide financial assistance (in the form of traineeships and fellowships) to physicians who are participants in any such program and who plan to teach in a general internal medicine or general pediatrics training program[.]; *and*

(5) to plan and develop approved residency training programs in emergency medicine.

* * * * * * *

(c)*(1)* For the purpose of carrying out [this section,] *this section (other than subsection (a)(5))*; there are authorized to be appropriated $10,000,000 for the fiscal year ending September 30, 1977, $15,000,000 for fiscal year ending September 30, 1978, $20,000,000 for the fiscal year ending September 30, 1979, $25,000,000 for the fiscal year ending September 30, 1980, $17,000,000 for the fiscal year ending September 30, 1982, $18,000,000 for the fiscal year ending September 30, 1983, $20,000,000 for the fiscal year ending September 30, 1984, $18,500,000 for the fiscal year ending September 30, 1986, $19,500,000 for the fiscal year ending September 30, 1987, $22,000,000 for the fiscal year ending September 30, 1988, $23,000,000 for fiscal year 1989, $23,000,000 for fiscal year 1990, [and] $25,000,000 for fiscal year 1991, *$17,260,000 for fiscal year 1992, $18,500,000 for fiscal year 1993, and $20,000,000 for fiscal year 1994.*

(2) For the purpose of carrying out subsection (a)(5), there are authorized to be appropriated $300,000 for each of the fiscal years 1992 through 1994.

SEC. 785. RESIDENCY PROGRAMS IN GENERAL PRACTICE OF DENTISTRY.

(a) * * *

(b) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $4,000,000 for fiscal year 1989, $6,000,000 for fiscal year 1990, [and] $8,000,000 for fiscal year 1991, *$3,830,000 for fiscal year 1992, $4,500,000 for fiscal year 1993, and $6,000,000 for fiscal year 1994*

FAMILY MEDICINE

SEC. 786. (a) * * *

* * * * * * *

(c) For the purpose of carrying out this section, there are authorized to be appropriated $37,900,000 for fiscal year 1989, $40,000,000 for fiscal year 1990, [and] $40,000,000 for fiscal year 1991, *$36,100,000 for fiscal year 1992, $45,000,000 for fiscal year 1993, and $47,000,000 for fiscal year 1994*.

EDUCATIONAL ASSISTANCE TO INDIVIDUALS FROM DISADVANTAGED BACKGROUNDS

SEC. 787. (a)(1) For the purpose of assisting individuals from disadvantaged backgrounds, as determined in accordance with criteria prescribed by the Secretary, to undertake education to enter a health profession, the Secretary may make grants to and enter into contracts with schools of medicine, osteopathic medicine, public health, dentistry, veterinary medicine, optometry, pharmacy, allied health, chiropractic, and podiatric medicine, [public and nonprofit private schools which offer graduate programs in clinical psychology,] *graduate programs in clinical psychology or medical social work*, and other public or private nonprofit health or educational entities to assist in meeting the costs described in paragraph (2).

(2) A grant or contract under paragraph (1) may be used by the health or educational entity to meet the cost of—

(A) identifying, recruiting, and selecting individuals from disadvantaged backgrounds, as so determined, for education and training in a health profession *(including medical social work)*,

* * * * * * *

(b)(1) Schools of medicine, osteopathic medicine, public health, dentistry, veterinary medicine, optometry, pharmacy, allied health, chiropractic, podiatry, and [public and nonprofit schools that offer graduate programs in clinical psychology] *graduate programs in clinical psychology or medical social work* that receive a grant under subsection (a) shall, during a period of 3 years commencing on the date of the award of the grant, increase their first year enrollments of individuals from disadvantaged backgrounds by at least 20 percent over enrollments in the base year 1987.

* * * * * * *

(5) The Secretary shall ensure that grants and contracts under paragraph (1) of subsection (a) are equitably distributed geographically, and in the case of individuals who are individuals from disadvantaged backgrounds, that services and activities under paragraph (2) of such subsection are equitably allocated among the various racial and ethnic populations.

(c) There are authorized to be appropriated for grants and contracts under subsection (a)(1), $20,000,000 for the fiscal year ending September 30, 1982, $21,500,000 for the fiscal year ending September 30, 1983, $23,000,000 for the fiscal year ending September 30, 1984, $26,000,000 for the fiscal year ending September 30, 1986, $28,000,000 for the fiscal year ending September 30, 1987, $30,000,000 for the fiscal year ending September 30, 1988,

$31,200,000 for fiscal year 1989, $34,000,000 for fiscal year 1990, [and] $36,000,000 for fiscal year 1991, *$30,820,000 for fiscal year 1992, and $31,500,000 for fiscal year 1993*. Of the amounts appropriated under this section for any fiscal year, 10 percent shall be obligated for community-based programs and 70 percent shall be obligated for grants or contracts to institutions of higher education and not more that 5 percent of such funds may be obligated for grants and contracts having the primary purpose of informing individuals about the existence and general nature of health careers. Of the funds appropriated under this section for any fiscal year, 20 percent shall be obligated for stipends under subsection (a)(2)(F) to individuals of exceptional financial need (as defined by regulations promulgated by the Secretary under section 758) who are students at schools of medicine, osteopathic medicine, or dentistry. Such stipends shall be administered and awarded in the same manner and subject to the same regulations as scholarships under section 758.

[SEC. 787A. RETENTION PROGRAM FOR HEALTH PROFESSIONS SCHOOLS WITH INDIVIDUALS FROM DISADVANTAGED BACKGROUNDS.

[(a) ESTABLISHMENT.—The Secretary shall establish a supplemental grant program to award grants to schools of medicine, osteopathic medicine, dentistry, veterinary medicine, optometry, podiatry, pharmacy, or public health that demonstrate sufficient graduation of students from disadvantaged backgrounds.

[(b) PAYMENT FORMULA.—

[(1) IN GENERAL.—Payments to an eligible institution under this section shall be calculated in accordance with this subsection.

[(2) ELIGIBLE INSTITUTIONS.—An institution shall be eligible for funds under this section for a fiscal year in an amount determined under paragraph (5), if the disadvantaged graduate figure for the institution (as determined under paragraph (3)) exceeds the nondisadvantaged graduate figure for the institution (as determined under paragraph (4)).

[(3) DISADVANTAGED GRADUATE FIGURE.—For each fiscal year, the Secretary shall determine the disadvantaged graduate figure for the institution by dividing—

[(A) the number of students from disadvantaged backgrounds who graduated from the institution as part of such class; by

[(B) the number of students from disadvantaged backgrounds who matriculated into the institution as part of a class.

[(4) NONDISADVANTAGED GRADUATE FIGURE.—For each fiscal year, the Secretary shall determine the nondisadvantaged graduate figure for the institution by multiplying—

[(A) the quotient determined by dividing—

[(i) the number of students from nondisadvantaged backgrounds who graduated from the institution as part of such class; by

[(ii) the number of students from nondisadvantaged backgrounds who matriculated into the institution as part of a class; by

[(B) .9.

[(5) AMOUNT OF GRANT.—An institution determined to be eligible to receive a grant under this subsection shall be entitled to an amount determined by multiplying—

[(A) the quotient determined by dividing—

[(i) the total amount of funds made available to carry out this section during such preceding fiscal year; by

[(ii) the number of students from disadvantaged backgrounds who graduated from eligible institutions during the preceding fiscal year; by

[(B) the number of students from disadvantaged backgrounds who graduated from the eligible institution during such preceding fiscal year.

[(c) USE OF FUNDS.—Payment received by the institution under subsection (b) shall be used to provide—

[(1) financial aid services for individuals from disadvantaged backgrounds who choose to attend such institution;

[(2) retention services for other retention purposes for individuals for disadvantaged backgrounds.

[(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, $2,000,000 in each of the fiscal years 1990 and 1991.]

SEC. 788. SPECIAL PROJECTS.

[(a) TWO-YEAR SCHOOLS.—

[(1) IN GENERAL.—The Secretary may make grants to maintain and improve schools that provide the first or last 2 years of edcation leading to the degree of doctor of medicine or osteopathy. Grants provided under this paragraph to schools that were in existence on September 30, 1985, may be used for construction and the purchase of equipment.

[(2) ELIGIBILITY.—To be eligible to apply for a grant under paragraph (1), the applicant must be a public or nonprofit school providing the first or last 2 years of education leading to the degree of doctor of medicine or osteopathy and be accredited by or be operated jointly with a school that is accredited by a recognized body or bodies approved for such purpose by the Secretary of Education.

[(b) FACULTY AND CURRICULUM DEVELOPMENT AND CLINICAL TRAINING SITES.—

[(1) GRANTS AND CONTRACTS.—

[(A) IN GENERAL.—The Secretary may make grants to and enter into contracts with any health professions institution or any other public or private nonprofit entity for the development and implementation of model projects in areas such as faculty and curriculum development, and development of new clinical training sites.

[(B) ALLOCATION OF FUNDS.—Priority shall be given to schools of medicine, osteopathic medicine, dentistry, veterinary medicine, optometry, pharmacy, podiatry, public health, chiropractic, allied health, and to graduate programs at public and nonprofit private schools in health administration and clinical psychology in the allocation of funds under this subsection. Funds shall be allocated to

each profession for award within that profession on the basis of competitive applications. Investigator-initiated projects should be encouraged. Funding priorities may be determined by the Secretary on consultation with the health profession schools and the National Advisory Council on the Health Professions Education.

[(C) PEER REVIEW.—Any application for a grant to institutions described in subparagraph (A) shall be subject to appropriate peer review by peer review groups composed principally of non-Federal experts. The Secretary may not approve an application unless a peer review group has recommended it for approval.

[(2) HEALTH PROFESSIONS INSTITUTIONS AND ALLIED HEALTH INSTITUTIONS.—

[(A) SET-ASIDE.—At least 75 percent of the amounts available for grants and contracts under this subsection from amounts appropriated under subsection (e) shall be obligated for grants to and contracts with health professions institutions and allied health institutions.

[(B) PEER REVIEW.—Any application for a grant to institutions described in subparagraph (A) shall be subject to appropriate peer review by peer review groups composed principally of non-Federal experts.

[(C) PREREQUISITES.—The Secretary may not approve or disapprove an application for a grant to an institution described in subparagraph (A) unless the appropriate peer review group required under subparagraph (B) has recommended such approval and the Secretary has consulted with the National Advisory Council on Health Professions Education with respect to such application.

[(d)] *(a)* PROGRAMS FOR PHYSICIAN ASSISTANTS.—

(1) IN GENERAL.—The Secretary may make grants to and enter into contracts with public or nonprofit private schools of medicine and osteopathic medicine and other public or nonprofit private entities to meet the costs of projects to plan, develop, and operate or maintain programs for the training of physician assistants (as defined in section 701(8)).

(2) APPLICATIONS.—No grant or contract may be made under paragraph (1) unless the application therefor contains or is supported by assurances satisfactory to the Secretary that the school or entity receiving the grant or contract has appropriate mechanisms for placing graduates of the training program with respect to which the application is submitted in positions for which they have been trained.

[(e)] *(b)* CERTAIN PROJECTS WITH RESPECT TO HOSPITALS AND SCHOOLS OF PODIATRIC MEDICINE.—The Secretary may make grants to, and enter into contracts with, public and nonprofit private hospitals and schools of podiatric medicine for the purpose of planning and implementing projects in primary care training for podiatric physicians in approved or provisionally approved residency programs which shall provide financial assistance in the form of traineeships to residents who participate in such projects and who plan to specialize in primary care.

[(f) AUTHORIZATIONS.—(1)(A) For the purpose of carrying out subsections (a), (b), and (e), there are authorized to be appropriated $2,400,000 for fiscal year 1989, $4,000,000 for fiscal year 1990, and $4,000,000 for fiscal year 1991.

[(B) Of the amounts appropriated pursuant to subparagraph (A) for each of the fiscal years 1989 through 1991, the Secretary shall make available 20 percent of such amounts to carry out subsection (a) and 25 percent of such amounts to carry out subsection (e).

[(2)(A) For the purpose of carrying out subsection (c), there are authorized to be appropriated $1,500,000 for fiscal year 1989, $2,500,000 for fiscal year 1990, and $4,000,000 for fiscal year 1991.

[(B) For the purpose of carrying out subsection (d), there are authorized to be appropriated $4,500,000 for fiscal year 1989, $5,200,000 for fiscal year 1990, and $5,400,000 for fiscal year 1991.]

(c) HEALTH PROFESSIONS RESEARCH.—The Secretary may make grants to and enter into contracts with public and nonprofit private entities for the conduct of research on one or more of the following topics:

(1) The impact of student indebtedness on speciality choice and practice location.

(2) The impact of minority health professional programs in majority schools on recruitment, retention, and practice choices of minority health personnel.

(3) The effects of graduate medical education payments on the distribution of physician specialities.

(4) The effectiveness and variation of State licensing authorities in identifying problem providers and undertaking disciplinary actions.

(d) AUTHORIZATION OF APPROPRIATIONS.—

(1) PHYSICIAN ASSISTANTS.—For the purpose of carrying out subsection (a), there are authorized to be appropriated $7,000,000 for fiscal year 1992, $7,000,000 for fiscal year 1993, and $9,000,000 for fiscal year 1994.

(2) PODIATRIC PHYSICIANS.—For the purpose of carrying out subsection (b), there are authorized to be appropriated $600,000 for fiscal year 1992, $750,000 for fiscal year 1993, and $750,000 for fiscal year 1994.

(3) HEALTH PROFESSIONS RESEARCH.—For the purpose of carrying out subsection (c), there is authorized to be appropriated $1,020,000 for fiscal year 1992, $1,200,000 for fiscal year 1993, and $1,200,000 for fiscal year 1994.

SEC. 788A. TRAINING WITH RESPECT TO ACQUIRED IMMUME DEFICIENCY SYNDROME.

(a) GRANTS.—The Secretary may make grants and enter into contracts to assist schools and academic health science centers in meeting the costs of projects—

(1) to train the faculty of schools and graduate departments of medicine, nursing, osteopathic medicine, dentistry, public health, psychology, [and allied health] *marriage and family therapy, allied health, and medical social work* to teach health professions students to provide for the health care needs of individuals with acquired immune deficiency syndrome;

(2) with respect to improving clinical skills in the diagnosis, treatment, and prevention of such syndrome, to educate and train the health professionals and clinical staff of schools of medicine, osteopathic medicine, and dentistry; and

(3) to develop and disseminate curricula relating to the care and treatment of individuals with acquired immune deficiency syndrome.

• • • • • • •

(e) AUTHORIZATION OF APPROPRIATIONS.—[There are authorized to be appropriated for grants under subsection (a), such sums as may be necessary for each of the fiscal years 1989 through 1991.]. *For the purpose of carrying out this section other than subsection (f), there are authorized to be appropriated $17,020,000 for fiscal year 1992, $19,000,000 for fiscal year 1993, and $21,000,000 for fiscal year 1994.*

(f) DENTAL SCHOOLS.—

(1) • • •

• • • • • • •

(5) AUTHORIZATION OF APPROPRIATIONS.—[For the purpose of carrying out this subsection, there is authorized to be appropriated such sums as may be necessary in fiscal year 1990 and fiscal year 1991.] *For the purpose of carrying out this subsection, there are authorized to be appropriated $7,000,000 for fiscal year 1992, $8,000,000 for fiscal year 1993, and $10,000,000 for fiscal year 1994.*

SEC. 789. GERIATRIC EDUCATION CENTERS AND GERIATRIC TRAINING.

(a) GERIATRIC EDUCATION CENTERS.—

(1) IN GENERAL.—The Secretary may make grants to and enter into contracts [with accredited health professionals schools, including schools of allied health, referred to in section 701(4) or 701(10) and programs referred to in section 701(8) to assist in meeting the costs of such schools or programs of providing projects to—] *with accredited health professions schools (including schools of nursing and schools of allied health) that are described in paragraph (4) or (10) of section 701 or in section 853(2), and programs described in section 701(8), to assist in meeting the costs of such schools or programs of projects to—*

• • • • • • •

(b) GERIATRIC TRAINING.—

[(1) IN GENERAL.—The Secretary]

(1) IN GENERAL.—

(A) The Secretary may make grants to, and enter into contracts with, schools of medicine, schools of osteopathic medicine, teaching hospitals, and graduate medical education programs, for the purpose of providing support (including residencies, traineeships and fellowships) for geriatric training projects [to train physicians and dentists who plan to teach geriatric medicine or geriatric dentistry.] *to train physicians, dentists, and optometrists who plan to teach geriatric medicine, geriatric dentistry, or geriatric optometry, respectively.*

(B) The Secretary may for a grantee suspend the requirements of subparagraph (A) that geriatric training projects train optometrists and be staffed by teaching optometrists if the Secretary determines that the grantee has made a good faith effort to comply with such requirement.

(2) REQUIREMENTS.—Each project for which a grant or contract is made under this subsection shall—

(A) be staffed by full-time teaching physicians who have experience or training in geriatric medicine *or geriatric psychiatry*;

* * * * * * *

(C) be staffed, or enter into an agreement with an institution staffed by full-time or part-time teaching optometrists who have experience or training in geriatric optometry;

[(C)**]***(D)* be based in a graduate medical education program in internal medicine or family medicine, or in a department of geriatrics in existence as of December 1, 1987;

[(D)**]***(E)* provide participants in the projects with exposure to a population of elderly individuals;

[(E)**]***(F)* provide training in geriatrics and exposure to the physical and mental disabilities of elderly individuals through a variety of service rotations, such as geriatric consultation services, acute care services, dental services, geriatric psychiatry units, day and home care programs, rehabilitation services, extended care facilities, geriatric ambulatory care and comprehensive evaluation units, and community care programs for elderly mentally retarded individuals; and

[(F)**]***(G)* provide training in geriatrics through one or both of the training options described in subparagraphs (A) and (B) of paragraph (3).

(3) TRAINING OPTIONS.—The training options referred to in subparagraph (F) of paragraph (2) shall be as follows:

(A) * * *

(B) A **[**1-year or**]** 2-year internal medicine or family medicine fellowship program providing emphasis in geriatrics, which shall be designed to provide training in clinical geriatrics and geriatrics research for—

(i) * * *

[(ii) dentists who have completed post-doctoral dental education programs.**]**

(ii) dentists who have demonstrated a commitment to an academic career, and who have completed postdoctoral dental training programs, or who have relevant training or experience.

* * * * * * *

[(c) AUTHORIZATION OF APPROPRIATIONS.—

[(1) GERIATRIC EDUCATION CENTERS.—For grants and contracts under subsection (a), there are authorized to be appropriated $7,000,000 for fiscal year 1989, $10,000,000 for fiscal year 1990, and $13,000,000 for fiscal year 1991.

[(2) GERIATRIC TRAINING.—For grants and contracts under subsection (b), there are authorized to be appropriated $7,000,000 for fiscal year 1989, $10,000,000 for fiscal year 1990, and $13,000,000 for fiscal year 1991.]

(c) AUTHORIZATION OF APPROPRIATIONS.—For grants and contracts under subsections (a) and (b), there are authorized to be appropriated $13,710,000 for fiscal year 1992, $14,000,000 for fiscal year 1993, and $15,000,000 for fiscal year 1994.

GENERAL PROVISIONS

SEC. 790. Except as otherwise provided in this part:

(1) No grant may be made or contract entered into under this part unless an application therefor has been submitted to, and approved by, the Secretary. Such application shall be in such form, submitted in such manner, and contain such information, as the Secretary shall by regulation prescribe. The Secretary may not approve or disapprove any application for a grant or contract under this part except after consultation with the National Advisory Council on Health Professions education.

(2) Payments by recipients of grants or contracts under this part for (A) traineeships shall be limited to such amounts as the Secretary finds necessary to cover the cost of tuition and fees of, and stipends and allowances (including travel and subsistence expenses and dependency allowances) for the trainees; and (B) fellowships shall be limited to such amounts as the Secretary finds necessary to cover the cost of advanced study by, and stipends and allowances (including travel and subsistence expenses and dependency allowances) for, the fellows.

(3) Except as provided in paragraph (4), the amount of any grant or contract under this part shall be determined by the Secretary. Contracts may be entered into under this part without regard to sections 3648 and 3709 of the Revised Statutes (31 U.S.C. 529; 41 U.S.C. 5).

* * * * * * *

(5)(A) Each application for a grant under any of sections 784 through 786 shall be submitted to a peer review group for an evaluation of the merits of the proposals made in the [evaluation] *application*. Each application for a grant under section 780 may be submitted to such peer review group for such an evaluation.

* * * * * * *

(a) * * *

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SEC. 790A. SPECIAL PROJECTS. *REGARDING YEAR 2000 HEALTH OBJECTIVES*

(a) * * *

* * * * * * *

(d) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out subsection (a), there are authorized to be appropriated $1,500,000 for fiscal year 1989, $3,500,000 for fiscal year 1990,

[and] $5,000,000 for fiscal year 1991, *$3,760,000 for fiscal year 1992, $4,000,000 for fiscal year 1993, and $4,000,000 for fiscal year 1994.*

PART G—PROGRAMS FOR PERSONNEL IN HEALTH ADMINISTRATION AND IN ALLIED HEALTH

Subpart I—Public Health Personnel

GRANTS FOR GRADUATE PROGRAMS IN HEALTH ADMINISTRATION

SEC. 791. (a) * * *

* * * * * * * *

[(d) There are authorized to be appropriated for payments under grants under this section $3,250,000 for the fiscal year ending September 30, 1978, $3,500,000 for the fiscal year ending September 30, 1979, $3,750,000 for the fiscal year ending September 30, 1980, $1,500,000 for the fiscal year ending September 30, 1982, $1,750,000 for the fiscal year ending September 30, 1983, $2,000,000 for the fiscal year ending September 30, 1984, $1,500,000 for the fiscal year ending September 30, 1986, $1,500,000 for the fiscal year ending September 30, 1987, $1,500,000 for the fiscal year ending September 30, 1986, $1,420,000 for fiscal year 1989, $1,600,000 for fiscal year 1990, and $1,700,000 for fiscal year 1991.]

(d)(1) For the purpose of making grants under this section, there is authorized to be appropriated $1,550,000 for fiscal year 1992.

(2) Effective October 1, 1992, this section is repealed.

[TRAINEESHIPS FOR STUDENTS IN OTHER GRADUATE PROGRAMS]
TRAINEESHIPS IN CERTAIN GRADUATE PROGRAMS

SEC. 791A. (a) * * *
(b)(1) * * *

* * * * * * * *

(4) In providing for the award of traineeships under this section, the Secretary—

(A) shall give priority to making grants under subsection (a) for programs described in such subsection that emphasize employment with public or nonprofit private entities in the fields with respect to which the traineeships are to be awarded; and

(B)may make such grants only to entities that provide assurances satifactory to the Secretary that the entities will give priority to awarding the traineeships to students who demonstrate a commitment to employment in such fields with public or nonprofit private entities.

(c) For payments under grants under subsection (a), there are authorized to be appropriated $2,500,000 for the fiscal year ending September 30, 1978; $2,500,000 for the fiscal year ending September 30, 1979; $2,500,000 for the fiscal year ending September 30, 1980; $500,000 for the fiscal year ending September 30, 1982, and the next two fiscal years; $500,000 for the fiscal year ending September 30, 1986, and each of the next two fiscal years; [and] $500,000 for each of the fiscal years 1989 through 1991; *$480,000 for fiscal year*

1992; $2,000,000 for fiscal year 1993; and $2,500,000 for fiscal year 1994.

PUBLIC HEALTH TRAINEESHIPS

SEC. 792. (a) * * *
(b)(1) * * *

* * * * * * *

(3) In awarding traineeships under this section, each applicant shall assure to the satisfaction of the Secretary that at least the percent specified in paragraph (4) of the funds received under this section shall go to individuals who—

(A)(i) have previously received a baccalaureate degree, or

(ii) have three years of work experience in health services; and

[(B) are pursuing a course of study in—

[(i) biostatistics or epidemiology,

[(ii) health administration, health planning, or health policy analysis and planning,

[(iii) environmental or occupational health,

[(iv) dietetics and nutrition, or

[(v) preventive medicine or dentistry, or

[(vi) maternal and child health.]

(B) are pursuing a course of study in a field the entry of individuals into which is appropriate with respect to meeting the objectives established by the Secretary for the health status of the population of the United States for the year 2000.

* * * * * * *

(c) For payments under grants under subsection (a), there are authorized to be appropriated $7,500,000 for the fiscal year ending September 30, 1978; $9,000,000 for the fiscal year ending September 30, 1979; $10,000,000 for the fiscal year ending September 30, 1980; $3,000,000 for the fiscal year ending September 30, 1982; $3,500,000 for the fiscal year ending September 30, 1983; $4,000,000 for the fiscal year ending September 30, 1984; $3,000,000 for the fiscal year ending September 30, 1986; $3,075,000 for the fiscal year ending September 30, 1987; $3,150,000 for the fiscal year ending September 30, 1988; $4,100,000 for fiscal year 1989; $4,200,000 for fiscal year 1990; [and] $4,300,000 for fiscal year 1991; *$3,420,000 for fiscal year 1992; $5,000,000 for fiscal year 1993; and $6,000,000 for fiscal year 1994.*

SEC. [790A.] *792A* SPECIAL PROJECTS *REGARDING YEAR 2000 HEALTH OBJECTIVES.*

[(a) GRANTS.—The Secretary may make grants to, and enter into contracts with, schools of public health for the costs of planning, developing, demonstrating, operating, and evaluating projects—

[(1) for preventive medicine;

[(2) for health promotion and disease prevention;

[(3) for increasing the enrollment in such schools of individuals from disadvantaged backgrounds (as determined in accordance with criteria established by the Secretary under section 787(a)); and

[(4) to improve access and quality in health care.]

(a) IN GENERAL.—The Secretary may make grants to and enter into contracts with schools of public health for the costs of planning, developing, demonstrating, operating, and evaluating projects—

(1) to establish comprehensive programs of education at the school that are appropriate with respect to meeting the objectives established by the Secretary for the health status of the population of the United States for the year 2000, which programs may include the provision of significant clinical training in identifying victims of domestic violence and in providing treatment for medical conditions arising from such violence;

(2) to recruit individuals for education in health specialities in which an increased number of practitioners is necessary to meet such objectives; and

(3) to improve access to community-based health programs, including programs providing preventive health services.

(b) PROHIBITIONS. —The Secretary may not make a grant under subsection (a) unless—

(1) an application for the grant is submitted to the Secretary;

(2) with respect to carrying out the purpose for which the grant is to be made, the application provides assurances of compliance satisfactory to the Secretary; and

(3) the application otherwise is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

(c) LIMITATIONS.—The Secretary may make a grant under this subsection only—

(1) pursuant to the issuance of solicitations for such grants; and

(2) if the application for such a grant has been recommended for approval by an appropriate peer review group.

(d) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out subsection (a), there are authorized to be appropriated $1,500,000 for fiscal year 1989, $3,500,000 for fiscal year 1990, [and] $5,000,000 for fiscal year 1991, *$3,760,000 for fiscal year 1992, $4,000,000 for fiscal year 1993, and $4,000,000 for fiscal year 1994.*

TRAINING IN PREVENTIVE MEDICINE

SEC. 793. [(a) The Secretary may make grants to and enter into contracts with schools of medicine, osteopathic medicine, and public health to meet the costs of projects—

[(1) to plan and develop new residency training programs and to maintain or improve existing residency training programs in preventive medicine; and

[(2) to provide financial assistance to residency trainees enrolled in such programs.

[(b)(1) The amount of any grant under subsection (a) shall be determined by the Secretary. No grant may be made under subsection (a) unless an application therefor is submitted to and approved by the Secretary. Such an application shall be in such form, sub-

mitted in such manner, and contain such information, as the Secretary shall by regulation prescribe.

[(2) To be eligible for a grant under subsection (a), the applicant must demonstrate to the Secretary that it has or will have available full-time faculty members with training and experience in the fields of preventive medicine and support from other faculty members trained in public health and other relevant specialties and disciplines.

[(c) For the purpose of grants under subsection (a), there are authorized to be appropriate $1,000,000 for the fiscal year ending September 30, 1982, and $1,500,000 for the fiscal year ending September 30, 1983, $2,000,000 for the fiscal year ending September 30, 1984, $1,600,000 for the fiscal year ending September 30, 1986, $1,600,000 for the fiscal year ending September 30, 1987, and $1,600,000 for the fiscal year ending September 30, 1988.]

[(c) TRAINING IN PREVENTIVE MEDICINE.—] *(a) IN GENERAL.—*

(1) [IN GENERAL.] *GRANTS AND CONTRACTS.*—The Secretary may make grants to and enter into contracts with schools of medicine, osteopathic medicine, and public health to meet the costs of projects—

(A) to plan and develop new residency training programs and to maintain or improve existing residency training programs in preventive medicine; and

(B) to provide financial assistance to residency trainees enrolled in such programs.

(2) ADMINISTRATION.—

(A) AMOUNT.—The amount of any grant under paragraph (1) shall be determined by the Secretary.

(B) APPLICATION.—No grant may be made under paragraph (1) unless an application therefor is submitted to and approved by the Secretary. Such an application shall be in such form, submitted in such manner, and contain such information, as the Secretary shall by regulation prescribe.

(C) ELIGIBILITY.—To be eligible for a grant under paragraph (1), the applicant must demonstrate to the Secretary that it has or will have available full-time faculty members with training and experience in the fields of preventive medicine and support from other faculty members trained in public health and other relevant specialties and disciplines.

(D) OTHER FUNDS.—Schools of medicine, osteopathic medicine, and public health may use funds committed by State, local, or county public health officers as matching amounts for Federal grant funds for residency training programs in preventive medicine.

(b) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $1,650,000 for fiscal year 1992, $2,000,000 for fiscal year 1993, and $2,000,000 for fiscal year 1994.

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Subpart II—Allied Health Personnel

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PROJECT GRANTS AND CONTRACTS

SEC. 796. (a) * * *
(b)(1) * * *

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(3) In providing grants and contracts under subsection (a), the Secretary shall give special consideration to unique needs regarding the supply of physical therapists, occupational therapists, and clinical laboratory personnel.

* * * * * * *

(d) For the purpose of making payments under grants and contracts under subsection (a), there are authorized to be appropriated $2,000,000 for each of the fiscal years 1990 and 1991, *$2,000,000 for fiscal year 1992, $2,500,000 for fiscal year 1993, and $3,000,000 for fiscal year 1994.*

SEC. 797. TRAINEESHIPS FOR ADVANCED TRAINING OF ALLIED HEALTH PERSONNEL.

(a) GRANTS.—The Secretary may make grants to and enter into contracts with training centers for allied health professions to meet the costs of projects designed to—

(1) plan, develop, establish, expand, and operate [doctoral programs] *postgraduate programs* for the advanced speciality training of allied health professionals who plan to teach and conduct research in an allied health training program; and

(2) provide financial assistance in the form of traineeships or fellowships to [doctoral students] *postgraduate students* who are participants in any such program and who plan to teach and conduct research in an allied health discipline or to [post doctoral students] *postgraduate students* who are continuing specialized study and research in an allied health discipline.

* * * * * * *

(c) SPECIAL CONSIDERATIONS IN PROVIDING ASSISTANCE.—In providing grants and contracts under subsection (a), the Secretary shall give special consideration to unique needs regarding the supply of physical therapists, occupational therapists, and clinical laboratory personnel.

[(c)] *(d)* AUTHORIZATION OF APPROPRIATIONS.—For the purposes of making payments under grants under subsection (a), there are authorized to be appropriated $2,000,000 for each of the fiscal years 1990 and 1991, *$8,000,000 for fiscal year 1992, $8,000,000 for fiscal year 1993, and $8,000,000 for fiscal year 1994.*

[(d)] *(e)* AVAILABILITY OF FUNDS.—Funds appropriated under this section for any fiscal year shall remain available until expended or through fiscal year 1991.

[EDUCATIONAL ASSISTANCE TO DISADVANTAGED INDIVIDUALS IN ALLIED HEALTH TRAINING

[SEC. 798. (a)(1) For the purpose of assisting individuals who, due to socioeconomic factors, are financially or otherwise disadvantaged

(including individuals who are veterans of the Armed Forces with military training or experience in the health field) to undertake education to enter the allied health professions, the Secretary may make grants to and enter into contracts with schools of allied health, State and local educational agencies, and other public or private nonprofit entities to assist in meeting the costs described in paragraph (2).

[(2) A grant or contract under paragraph (1) may be used by the school, agency, or entity to meet the costs of—

[(A) identifying, recruiting, and selecting such disadvantaged individuals who have a potential for education or training in the allied health professions;

[(B) facilitating the entry of such individuals into such a school, agency, or entity;

[(C) providing counseling or other services designed to assist such individuals to complete successfully their education at such school, agency, or entity;

[(D) providing, for a period prior to the entry of such individuals into the regular course of education of such a school, agency, or entity, preliminary education designed to assist them to complete successfully such regular course of education at such a school, agency, or entity, or referring such individuals to institutions providing such preliminary education; and

[(E) publicizing existing sources of financial aid available to persons enrolled in the education program of such a school, agency, or entity or who are undertaking training necessary to qualify them to enroll in such a program.

[(b)(1) No grant may be made or contract entered into under subsection (a) unless an application therefor has been submitted to, and approved by, the Secretary. Such application shall be in such form, submitted in such manner, and contain such information, as the Secretary shall by regulation prescribe.

[(2) The amount of any grant under subsection (a) shall be determined by the Secretary.

[(c) For payments under grants and contracts under subsection (a) there are authorized to be appropriated $1,000,000 for fiscal year ending September 30, 1978, $1,000,000 for fiscal year ending September 30, 1979, and $1,000,000 for fiscal year ending September 30, 1980.]

PART H—GRADUATE MEDICAL EDUCATION

COUNCIL ON GRADUATE MEDICAL EDUCATION

SEC. 799. (a) * * *

* * * * * * *

[(k) There is authorized to be appropriated $1,000,000 for each of the fiscal years 1989, 1990, and 1991 to carry out this section.]

PART I—HEALTH CARE FOR RURAL AREAS

SEC. 799A. HEALTH CARE FOR RURAL AREAS.

(a) * * *

* * * * * * *

(c) ELIGIBLE APPLICANTS.—Applicants eligible to obtain funds under subsection (a) shall include local health departments, nonprofit organizations and public or nonprofit colleges, universities, or schools of, or programs that specialize in, nursing, psychology, *marriage and family therapy,* social work, optometry, public health, dentistry, osteopathy, physicians assistants, pharmacy, podiatry, medicine, chiropractic, and allied health professions if such applicants submit applications approved by the Secretary under subsection (d). Applicants eligible to obtain funds under subsection (a) shall not include for-profit entities, either directly or through a subcontract or subgrant.

* * * * * * *

[(e) STUDY.—

[(1) IN GENERAL.—The Secretary shall enter into a contract to conduct a study of manpower training needs in rural areas, with attention focused on the supply of health professionals and whether such supply is adequate to meet the demands for health care services in rural communities.

[(2) CONTENTS.—

[(A) STATISTICS.—The study conducted under paragraph (1) shall include statistics and projections on—

[(i) the supply of health care practitioners in rural areas; and

[(ii) suggested methods of improving access to health care services in rural areas.

The study shall pay particular attention to the needs of the elderly in rural areas as well as the individuals in the rural areas who are not eligible for Medicare.

[(B) EVALUATION.—The study conducted under paragraph (1) shall evaluate existing models for health care training and service delivery and propose innovative alternative models to enhance the quality and availability of health care services in rural areas and to increase the retention of health professionals in rural areas.

[(3) HEALTH CARE TRAINING AND SERVICE DELIVERY MODELS.—The Secretary shall evaluate]

(e) HEALTH CARE TRAINING AND SERVICE DELIVERY MODELS.—The Secretary shall evaluate the effectiveness of the health care training and service delivery models developed with funds made available under this section and compare such models with programs designed to increase the availability of health care providers in rural areas, including the National Health Service Corps program authorized by subpart II of part D of [the Public Health Service Act (42 U.S.C. 254d et seq.)] *Title III* and the area health education center program authorized under section 781 of such Act (42 U.S.C. 295g–1).

[(4) SUBMISSION TO CONGRESS.—Not later than 18 months after the date of the signing of the contract for the health care study under paragraph (1), the Secretary shall submit to the appropriate committees of the Congress a report that describes the results of the study conducted under paragraph (1).]

* * * * * * *

[(h) AUTHORIZATION OF APPROPRIATIONS.—

[(1) IN GENERAL.—There is authorized to be appropriated to carry out this section, other than subsection (e), $5,000,000 for each of the fiscal years 1989, 1990, and 1991.

[(2) SUBSECTION (e).—There is authorized to be appropriated $1,000,000 for fiscal year 1989 to carry out subsection (e).]

(h) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $4,390,000 for fiscal year 1992, $4,500,000 for fiscal year 1993, and $5,000,000 for fiscal year 1994.

TITLE VIII—NURSE EDUCATION

PART A—SPECIAL PROJECTS

Subpart I—Special Projects in General

SPECIAL PROJECT GRANTS AND CONTRACTS

SEC. 820. (a) The Secretary may make grants to public and nonprofit schools of nursing and other public or nonprofit private entities, and enter into contracts with any public or private entity, to meet the costs of special projects to—

[(1) provide continuing education for nurses;

[(2) demonstrate, through geriatric health education centers and other entities, improved geriatric training in preventive care, acute care, and long-term care (including home health care and institutional care);

[(3)] *(1)*(A) increase the supply of adequately trained nursing personnel (including bilingual nursing personnel) to meet the health needs of rural areas; and

(B) provide nursing education courses to rural areas through telecommunications via satellite;

[(4)] *(2)* provide training and education—

(A) to upgrade the skills of licensed vocational or practical nurses, nursing assistants, and other paraprofessional nursing personnel with priority given to rapid transition programs toward achievement of professional nursing degrees; and

[(B) to develop curricula for the achievement of baccalaureate degrees in nursing by registered nurses and by individuals with baccalaureate degrees in other fields;] *(B) for nursing assistants and other paraprofessional nursing personnel to become licensed vocational or practical nurses for nursing facilities (as defined in section 1905 of the Social Security Act);*

[(5)] *(3) demonstrate methods to improve access to nursing services in noninstitutional settings through support of nursing practice arrangements in communities; or*

(4) to provide to nurses significant clinical training in identifying victims of domestic violence and in providing treatment for medical conditions arising from such violence.

[(6)(A) collect the names and addresses of health facilities willing to enter into agreements with nursing students and nursing personnel under which such individuals agree to serve

as nurses in the health facilities in consideration of the health facilities agreeing to repay the principal and interest of the educational loans of such individuals;

[(B) collect data on the specific terms of such agreements offered by health facilities;

[(C) collect the names and addresses of nursing students identified pursuant to section 827(a), of other nursing students, and of nursing personnel, willing to enter into such agreements; and

[(D) coordinate and facilitate communications between facilities and such individuals with respect to such agreements.]

Contracts may be entered into under this subsection without regard to sections 3648 and 3709 of the Revised Statutes (31 U.S.C. 529; 41 U.S.C. 5).

[(b)(1) The Secretary may make grants to, and enter into contracts with, accredited schools of nursing to assist in meeting the costs of such schools in providing projects—

[(A) to improve the training of nurses in geriatrics;

[(B) to develop and disseminate curricula relating to the treatment of the health problems of elderly individuals;

[(C) to expand and strengthen instruction in methods of such treatment;

[(D) to support the training and retraining of faculty to provide such instruction;

[(E) to support continuing education of nurses who provide such treatment; and

[(F) to establish new affiliations with nursing homes, chronic and acute disease hospitals, ambulatory care centers, and senior centers in order to provide students with clinical training in geriatric health care.

[(2)(A) Any application for a grant or contract under this subsection shall be subject to appropriate peer review by peer review groups composed principally of non-Federal experts.

[(B) The Secretary may not approve or disapprove an application for a grant or contract under this subsection unless the Secretary has received recommendations with respect to such application from the appropriate peer review group required under paragraph (1) and has consulted with the Advisory Council on Nurses Education with respect to such application.

[(C) For the purpose of carrying out this subsection, the Secretary may obligate each fiscal year not more than $2,000,000 of the amounts made available for such purpose pursuant to subsection (g)(2).

[(c)(1) The Secretary may make grants to public and nonprofit private entities for the purpose of demonstrating innovative hospital nursing practice models designed to reduce vacancies in professional nursing positions and to make such positions a more attractive career choice.

[(2) The Secretary may not make a grant under paragraph (1) unless the applicant for the grant agrees that hospital nursing practice models demonstrated pursuant to such subsection will include initiatives—

[(A) to restructure the role of the professional nurse, through changes in the composition of hospital staffs and

through innovative approaches for interaction between hospital administration and nursing personnel, in order to ensure that the particular expertise of such nurses is efficiently utilized and that such nurses are engaged in direct patient care during a larger proportion of their work time;

[(B) to test innovative wage structures for professional nurses in order to—

[(i) reduce vacancies in work shifts during unpopular work hours; and

[(ii) provide financial recognition based upon experience and education; and

[(C) to evaluate the effectiveness of providing benefits for professional nurses, such as pensions, sabbaticals, and payment of educational expenses, as a means of developing increased loyalty of such nurses to health care institutions and reducing turnover in nursing positions.

[(d)] *(b)*(1) The Secretary may make grants to public and nonprofit private entities accredited for the training of nurses for the purpose of—

(A) demonstrating innovative nursing practice models for—

(i) the provision of case-managed health care services (including adult day care) and health care services in the home; or

(ii) the provision of health care services in long-term care facilities; or

(B) developing projects to increase the exposure of nursing students to clinical practice in nursing home, home health, and gerontologic settings through collaboration between such accredited entities and entities that provide health care in such settings.

(2) The Secretary may not make a grant under paragraph (1) unless the applicant for the grant agrees that models demonstrated pursuant to such paragraph will be designed—

(A) to increase the recruitment and retention of nurses to provide nursing care for individuals needing long-term care; and

(B) to improve nursing care in home health care settings and nursing homes.

[(e)] *(c)* The Secretary may, with the advice of the Advisory Council on Nurses Education, provide assistance to the heads of other departments and agencies of the Government to encourage and assist in the utilization of medical facilities under their jurisdiction for nurse training programs.

[(f)] *(d)* No grant or contract may be made under this section unless an application therefor has been submitted to and approved by the Secretary. The Secretary may not approve or disapprove such an application except after consultation with the Advisory Council on Nurses Education. Such an application shall provide for such fiscal control and accounting procedures and reports, and access to the records of the applicant, as the Secretary may require to assure proper disbursement of and accounting for Federal funds paid to the applicant under this section.

[(g)(1)] *(e)* For payments under grants and contracts under this section, there are authorized to be appropriated $13,000,000 for

fiscal year 1989, $16,000,000 for fiscal year 1990, [and] $20,000,000 for fiscal year 1991 , *$8,000,000 for fiscal year 1992, $9,000,000 for fiscal year 1993, and $10,000,000 for fiscal year 1994.*

[(2) Of the amounts appropriated pursuant to paragraph (1), the Secretary shall obligate not less than 20 percent to carry out subsection (a)(2) and subsection (b) (subject to subsection (b)(2)(C)), not less than 20 percent to carry out paragraph (3) of subsection (a), and not less than 10 percent to carry out paragraph (4) of such subsection. Of the amounts appropriated pursuant to paragraph (1) for fiscal year 1989, the Secretary shall obligate not less than 20 percent to carry out section 827.]

ADVANCED NURSE EDUCATION

SEC. 821. (a) The Secretary may make grants to and enter into contracts with public and nonprofit private collegiate schools of nursing to meet the costs of projects to—

(1) plan, develop, and operate, *or*

(2) significantly expand, [or

[(3) maintain, programs which lead to masters' and doctoral degrees and which prepare nurses to serve as nurse educators, administrators, or researchers or to serve in clinical nurse, specialties] *programs that lead to masters or doctoral degrees that prepare nurses to serve in clinical nurse specialties* determined by the Secretary to require advanced education. In making grants and entering into contracts under this section, the Secretary shall give priority in geriatric and geronotological nursing.

(b)*(1)* For payments under grants and contracts under this section, there are authorized to be appropriated $13,000,000 for fiscal year 1989, $13,000,000 for fiscal year 1990, [and] $20,000,000 for fiscal year 1991, *$8,000,000 for fiscal year 1992, $9,000,000 for fiscal year 1993, and $10,000,000 for fiscal year 1994.*

(2) Of the amounts appropriated under paragraph (1), the Secretary may not obligate more than 10 percent for providing grants or contracts under subsection (a) for programs leading to doctoral degrees.

NURSE PRACTITIONER AND NURSE MIDWIFE PROGRAMS

SEC. 822. (a)(1) The Secretary may make grants to and enter into contracts with public or nonprofit private schools of nursing and public health, public or nonprofit private schools of medicine which received grants or contracts under this subsection prior to October 1, 1985, public or nonprofit private hospitals, and other public or nonprofit private entities to meet the cost of projects to—

(A) plan, develop, and operate,

(B) expand, or

(C) maintain

programs for the training of nurse practitioners and nurse midwives. The Secretary shall give special consideration to applications for grants or contracts for programs for the training of nurse practitioners and nurse midwives who will practice in health professional shortage areas (designated under [section 332) and for the education of nurse practitioners which emphasize education re-

spective the special problems of geriatric patients (particularly problems in the delivery of preventive care, acute care, and long-term care (including home health care and institutional care) to such patients) and education to meet the particular needs of nursing home patients and patients who are confined to their homes.] *section 332).*

* * * * * * *

[(b)(1) The Secretary may make grants to and enter into contracts with schools of nursing and public health, schools of medicine which received grants or contracts under this subsection prior to October 1, 1985, public or nonprofit private hospitals, and other nonprofit entities to establish and operate traineeship programs to train nurse practitioners and nurse midwives. In considering applications for a grant or contract under this subsection, the Secretary shall give special consideration to applications for traineeships to train individuals who are residents of health professional shortage areas designated under section 332.

[(2) Traineeships funded under this subsection shall include 100 percent of the costs of tuition, reasonable living and moving expenses (including stipends), books, fees, and necessary transportation.

[(3) A traineeship funded under this subsection shall not be awarded unless the recipient enters into a commitment with the Secretary to practice as a nurse practitioner or nurse midwife in a health professional shortage area (designated under section 332), in an Indian Health Service health center, in a Native Hawaiian health center, in a public health care facility, in a migrant health center (as defined in section 329(a)(1)), in a rural health clinic (as defined in section 1861(aa)(2) of the Social Security Act), or in a community health center (as defined in section 330(a)).

[(4)(A) If, for any reason, an individual who received a traineeship under paragraph (1) fails to complete a service obligation under paragraph (3), such individual shall be liable for the payment of an amount equal to the cost of tuition and other education expenses and other payments paid under the traineeship, plus interest at the maximum legal prevailing rate.

[(B) When an individual who received a traineeship is academically dismissed or voluntarily terminates academic training, such individual shall be liable for repayment to the Government for an amount equal to the cost of tuition and other educational expenses paid to or for such individual from Federal funds plus any other payments which were received under the traineeship.

[(C) Any amount which the United States is entitled to recover under subparagraph (A) or (B) shall, within the three-year period beginning on the date the United States becomes entitled to recover such amount, be paid to the United States.

[(D) The Secretary shall by regulation provide for the waiver or suspension of any obligation under subparagraph (A) or (B) applicable to any individual whenever compliance by such individual is impossible or would involve extreme hardship to such individual and if enforcement of such obligation with respect to any individual would be against equity and good conscience.

[(c)] *(b)* No grant may be made or contract entered into for a project to plan, develop, and operate a program under subsection (a) [or (b)] for the education of nurse practitioners and nurse midwives unless the application for the grant or contract contains assurances satisfactory to the Secretary that the program will upon its development meet the guidelines which are in effect under subsection (a)(2)(B); and no grant may be made or contract entered into for a project to expand or maintain such a program unless the application for the grant or contract contains assurances satisfactory to the Secretary that the program meets the guidelines which are in effect under such subsection.

[(d)] *(c)* For payments under grants and contracts under [subsections (a) and (b)], *subsection (a)* there are authorized to be appropriated $12,000,000 for fiscal year 1989, $17,000,000 for fiscal year 1990, [and] $21,000,000 for fiscal year 1991, *$17,000,000 for fiscal year 1992, $19,000,000 for fiscal year 1993, and $21,000,000 for fiscal year 1994.*

Subpart II—Nursing Education Opportunities for Individuals From Disadvantaged Backgrounds

SPECIAL PROJECTS

SEC. 827. (a) * * *

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(c) For payments under grants and contracts under subsection (a), there are authorized to be appropriated $3,000,000 for fiscal year 1989, $4,000,000 for fiscal year 1990, [and] $5,000,000 for fiscal year 1991, *$4,000,000 for fiscal year 1992, $5,000,000 for fiscal year 1993, and $6,000,000 for fiscal year 1994.*

PART B—ASSISTANCE TO NURSING STUDENTS

Subpart I—Traineeships

TRAINEESHIPS FOR ADVANCED EDUCATION OF PROFESSIONAL NURSES

SEC. 830. (a)(1)(A) The Secretary may make grants to public or nonprofit private schools of nursing and public health, public or nonprofit private hospitals, and other public or nonprofit private entities to cover the cost of traineeships for nurses in masters' degree and doctoral degree programs in order to educate such nurses to—

(i) serve in and prepare for practice as nurse practitioners, *or*

[(ii) serve in and prepare for practice as nurse administrators, nurse educators, and nurse researchers, or

[(iii)] *(ii)* serve in and prepare for practice in other professional nursing specialties determined by the Secretary to require advanced education.

(B) The Secretary may make grants to public and private nonprofit schools of nursing and appropriate public and private nonprofit entities to cover the cost of traineeships to educate nurses to serve and prepare for practice as nurse midwives.

(2) In making grants for traineeships under this subsection, the Secretary shall give special consideration to applications for traineeship programs which conform to guidelines established by the Secretary under section 822(a)(2)(B)[.] *and which provide significant clinical experience in any of the following: An Indian Health Service health center; a native Hawaiian health center; a public hospital; a migrant health center; a community health center or other nonprofit community clinic; a nursing facility; a rural health clinic or rural nurse midwifery service or practice; or a health facility located in a health professional shortage area and determined by the Secretary to have a critical shortage of nurses. For purposes of the preceding sentence, the terms "migrant health center", "community health center", "nursing facility", and "rural health center" have the meaning given such terms in section 836(h)(6), and the term "health professional shortage area" has the meaning given such term in section 332(a)(1).*

* * * * * * *

[(b) The Secretary may make grants to public or private nonprofit schools of nursing to cover the costs of post-baccalaureate fellowships for faculty in such schools to enable such facility to—

[(1) investigate cost-effective alternatives to traditional health care modalities, with special attention to the needs of at-risk populations, such as the elderly, premature infants, physically and mentally disabled individuals, and ethnic and minority groups;

[(2) examine nursing interventions that result in positive outcomes in health status, with attention to interventions which address family violence, drug and alcohol abuse, the health of women, adolescent care, and disease prevention; and

[(3) address other areas of nursing practice considered by the Secretary to require additional study.

[(c)]*(b)*(1) The Secretary may make grants to public and nonprofit private schools of nursing to cover the costs of traineeships for students—

(A) who are enrolled at least half-time in programs offering a masters degree in nursing; and

(B) who agree to complete the requirements for degrees from such programs not later than the end of the academic year during which the student is to receive the traineeship.

(2) In making grants under paragraph (1), the Secretary shall give special consideration to applications for traineeship programs that educate nursing students to serve in and prepare for practice as nurse practitioners, clinical specialists, or nurse midwives.

[(d)(1)(A) For the purposes of subsections (a) and (c) there are authorized to be appropriated $13,000,000 for fiscal year 1989, $15,000,000 for fiscal year 1990, and $16,000,000 for fiscal year 1991.

[(B) Of the amounts made available pursuant to subparagraph (A), the Secretary shall make available not less than 25 percent to carry out subsection (c).

[(2) For the purposes of subsection (b), there is authorized to be appropriated $1,100,000 for each of the fiscal years 1989 through 1991.]

(c)(1) For the purpose of carrying out this section, there are authorized to be appropriated $17,000,000 for fiscal year 1992, $19,000,000 for fiscal year 1993, and $21,000,000 for fiscal year 1994.

(2) Of the amounts appropriated under paragraph (1), the Secretary shall make available not less than 25 for carrying out subsection (b).

(3) Of the amounts appropriated under paragraph (1), the Secretary may not obligate more than 10 percent for providing traineeships under subsection (a) for individuals in doctoral degree programs.

NURSE ANESTHETISTS

SEC. 831. (a)(1) The Secretary may make grants to public or private nonprofit institutions to cover the costs of traineeships for licensed registered nurses to become nurse anesthetists and to cover the costs of projects to develop and operate programs for the education of nurse anesthetists. In order to be eligible for such a grant, the program of an institution must be accredited by an entity or entities designated by the Secretary of Education and must meet such requirements as the Secretary shall by regulation prescribe.

(2) In making grants for traineeships under this subsection, the Secretary shall give special consideration to applications for traineeship programs whose participants gain significant experience in providing health services at rural hospitals or rural clinics.

[(2)] *(3)* Payments to institutions under this subsection may be made in advance or by way of reimbursement, and at such intervals and on such conditions, as the Secretary finds necessary. Payments for traineeships shall be limited to such amounts as the Secretary determines to be necessary to cover the costs of tuition and fees and a stipend and allowances (including travel and subsistence expenses) for trainees.

* * * * * * *

(c) For the purpose of making grants under this section, there is authorized to be appropriated $1,800,000 for each of the fiscal years 1989 through 1991, *$3,000,000 for fiscal year 1992, $4,000,000 for fiscal year 1993, and $5,000,000 for fiscal year 1994.* Not more than 20 percent of the amount appropriated under this section for any fiscal year shall be obligated for grants under the second sentence of subsection (b).

Subpart II—Student Loans

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AUTHORIZATION OF APPROPRIATIONS FOR LOAN REPAYMENTS FOR SERVICE IN CERTAIN HEALTH FACILITIES

SEC. 837A. For the purpose of payments under agreements entered into under section 836(h), there [is] *are* authorized to be appropriated $5,000,000 for each of the fiscal years 1989 through 1991, *$5,000,000 for fiscal year 1992, $6,000,000 for fiscal year 1993, and $7,000,000 for fiscal year 1994.*

ALLOTMENTS AND PAYMENTS OF FEDERAL CAPITAL CONTRIBUTIONS

SEC. 838 (a)(1) * * *

* * * * * * *

(3)(A) * * *

(B) With respect to funds available pursuant to subparagraph (A), any such funds returned to the Secretary and not allotted by the Secretary, during the period of availability specified in such subparagraph, shall be [available to carry out section 843] *available for making payments under agreements entered into under section 836(h)* and, for such purpose, shall remain available until expended.

* * * * * * *

[Subpart III—Scholarships

[UNDERGRADUATE EDUCATION OF PROFESSIONAL NURSES

[SEC. 843. (a) The Secretary may make grants to public and nonprofit private schools accredited for the training of professional nurses for the purpose of providing scholarships to individuals who are enrolled (or accepted for enrollment) as nursing students of such schools and who are in financial need with respect to attending such schools.

[(b) The Secretary may not a make a grant under subsection (a) unless the applicant for the grant agrees that, in providing scholarships pursuant to the grant, the applicant will give preference to individuals from disadvantaged backgrounds (as determined in accordance with criteria prescribed by the Secretary under section 827(a)).

[(c) The Secretary may not make a grant under subsection (a) unless the applicant for the grant agrees that, in providing scholarships pursuant to the grant, the applicant will provide a scholarship to an individual only if the individual agrees that, upon graduating from the program of nursing education offered by the applicant the individual will serve as nurse for a period of not less than two years in the Indian Health Service health center, in a Native Hawaiian health center in a public hospital, in a migrant health center, in a community health center, in a nursing facility, in a rural health clinic, or in health facility determined by the Secretary to have a critical shortage of nurses.

[(d) The Secretary may not make a grant under subsection (a) unless the applicant for the grant agrees that a scholarship provided pursuant to such subsection for attendance at a school described in such subsection may not for any year of such attendance for which the scholarship is made, provide an amount exceeding an amount equal to the amount of the tuition and any fees for the year involved.

[(e) For purposes of this section:

[(1) The term "community health center" has the meaning given such term in section 330(a).

[(2) The term "migrant health center" has the meaning given such term in section 329(a)(1).

[(3) The term "nursing facility" has the meaning given such term in section 1919(a) of the Social Security Act (as such section is in effect during fiscal year 1991 and subsequent fiscal years), except that for fiscal years 1989 and 1990, such term means a skilled nursing facility, as such term is friend in section 1861(j) of the Social Security Act, and an intermediate care facility, as such term is defied in section 1905(c) of such Act.

[(4) The term "rural health clinic" has the meaning given such term in section 1861(aa)(2) of the Social Security Act.

[(f) For the purpose of making grants under this section, there are authorized to be appropriated $15,0000,000 for fiscal year 1989 and $30,000,000 for each of the fiscal years 1990 and 1991.]

Subpart [IV] *III*—Demontration Program For Student Loans With Respect to Service in Certain health Care Facilities in Underserved Areas

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